

20 April 2018

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To:  
Clinical Commissioning Groups  
Healthwatch Organisations  
Health Overview and Scrutiny Committee  
c.c. Health and Wellbeing Boards

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Chair: Sheila Salmon  
Chief Executive: Sally Morris

Dear Colleague

**Essex Partnership University NHS Foundation Trust Quality Report/Account 2017/18**

I am writing further to my letter dated 15 February 2018 relating to the above. In that letter, I advised you of the requirement to prepare an EPUT Quality Report/Account 2017/18 outlining performance in terms of quality over the past year and priorities for the coming year. I also outlined the process and the timetable that we were proposing to follow for the production of this document.

Under the NHS Regulations relating to Quality Accounts (amended by the Health and Social Care Act 2012), we are required to share the draft quality account with the Clinical Commissioning Group which has the responsibility for the largest number of persons to whom EPUT provided relevant health services during the reporting period and the Healthwatch organisation/Overview and Scrutiny Committee in the local authority area in which EPUT's principal/registered office was located.

In the interests of inclusivity and partnership and ensuring that we continue to strive towards delivering services responsive to all localities in which we operate, we are sharing the draft EPUT Quality Report/Account with all Clinical Commissioning Groups that commissioned EPUT services and with Healthwatch organisations and Health Overview and Scrutiny Committees in those areas. We are also circulating it to Health and Wellbeing Boards in accordance with national guidance.

I am therefore delighted to attach the draft Quality Report/Account 2017/18 for EPUT. Please note, in order to meet the national deadline for submission of the EPUT Quality Report to NHS Improvement by 31<sup>st</sup> May, we are sending this document to you in its first draft form at the same time as it is being sent to members of the EPUT Trust Board of Directors and internal stakeholders for comment.

In accordance with the Regulations, I would be grateful if you could consider the attached draft and provide your statement (which should be a maximum of 1,000 words) to me at the above postal address or at [sally.morris@eput.nhs.uk](mailto:sally.morris@eput.nhs.uk) for inclusion in the final published version of the EPUT Quality Report/Account 2017/18 by **21 May 2018** (i.e. 30 days from the date of this letter). As advised in my letter of 15 February, if you will have difficulty meeting this timescale, please do get in touch with Susan Barry on the contact details below to discuss.

In accordance with the Regulations, CCGs are required to provide a statement for publication in the Quality Report/Account whilst Healthwatch organisations and Health Overview and Scrutiny Committees may choose to provide a statement for publication should they wish.

We understand that there is no requirement for Health and Wellbeing Boards to respond to the draft Quality Report/Account as they are not classed as a statutory responder under the Regulations. However, we are sending it out to Health and Wellbeing Boards so that they can decide whether/how they wish to consider it. We would certainly welcome feedback which we will provide a response on/take into account in our future planning etc.

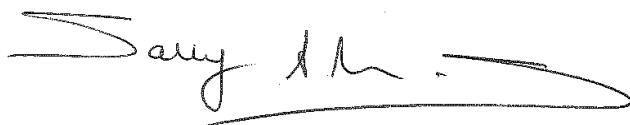
We are governed by very challenging national deadlines as well as external audit requirements in respect of the Quality Report/Account and, as a result, it is absolutely essential that any statements to be published in the document are received by the above deadline. We are intending to incorporate these statements into the document on 22 May and it is being presented to the Audit Committee for approval the following day. It would be helpful if you could confirm at the earliest opportunity if you are or are not intending to provide us with a statement so we can liaise closely in respect of meeting these timescales.

If you have any queries or would like to have a discussion with a member of the team in relation to the document, please don't hesitate to contact me or Susan Barry on 01268 739828 Extension 1228 or [susan.barry2@nhs.net](mailto:susan.barry2@nhs.net)

I will send you a copy of the final published EPUT Quality Account 2017/18 for information at the end of June, which I hope will provide a useful and informative resource for you and members of the public to access over the coming year.

We look forward to hearing from you.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sally Morris', with a long horizontal flourish extending to the right.

**Sally Morris**  
**Chief Executive**

# **EPUT QUALITY ACCOUNT / REPORT 2017/18**

## EXECUTIVE SUMMARY

As a merged organisation in its first year, we provide a range of different services, in different geographic areas, resulting in a complex document. To help readers navigate our Quality Account/Report, a summary of content and where you can find specific information that you may be looking for is provided below.

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## **PART 1: STATEMENT ON QUALITY FROM SALLY MORRIS, CHIEF EXECUTIVE OF EPUT 2017/18**

I am delighted to present this Quality Account/Report for 2017/18, which shows how Essex Partnership University NHS Foundation Trust (EPUT) met our quality commitments for the past year – our first as a newly-merged organisation - and outlines our quality priorities in 2018/19.

There were a number of reasons for merging. Put simply, we believe that by taking the best from both we are stronger together. Our five-year plan enables us to:

- Deliver safer, more sustainable care
- Be a more attractive employer to improve recruitment and retention
- Integrate physical and mental health care
- Reduce the number of people who need to be treated outside of Essex
- Provide a more secure and stable financial future for local services

In this inaugural year as a new organisation we have been taking the first steps on our journey towards our ambition to be rated by the CQC as an 'Outstanding' NHS Foundation Trust in 2020.

The past year has seen some significant achievements. One of these is ensuring we have robust governance in place. Good governance is not the most interesting of achievements, perhaps, but it is certainly one of the most important. It safeguards the interests of all our stakeholders, helping us all to achieve the Trust's aims and objectives. A strong foundation of good governance processes empowers people, especially our staff, to do their very best for the people they care for and for their colleagues and others with whom they come into contact. This report details many other achievements of which the Trust and our staff can be justifiably proud. I hope you enjoy reading about them. We have tried to make the report as easy to follow as possible. There are contact points at the end of the report – please do not hesitate to get in touch if you wish to know more about any of our quality improvements.

It is, of course, disappointing that we did not achieve all our quality priorities this year. However, we are on a quality improvement journey and we have only just started. We most certainly have drive and determination and we also have among the very best people working for us and caring for our patients and their families – all the key ingredients for going from strength to strength towards a successful future.

Looking forward, a key goal for next year is to develop an organisation-wide quality improvement approach. One of the first actions we took as a new Trust was to establish our own Quality Academy, designed to create the right environment and to equip our staff with the best tools and a dynamic support network to drive forward real improvements in care. We have around 170 Quality Champions now, including a cohort of service users working with staff, and we are empowering them to undertake local improvement projects and develop new and innovative ways of providing care. Next year we will also maintain our relentless focus on continuously improving patient safety. We remain firmly committed to doing all we can to put things right, wherever necessary and wherever possible, by taking a very open approach and empowering and supporting staff to make the changes needed.

As a new NHS Foundation Trust, EPUT has a fresh Council of Governors which includes elected members of the public and staff, as well as a Board of Directors, both of which are led by our recently appointed Chair. Together, they are driving the Trust on our quality journey, ensuring our staff deliver services to the high standards to which we all aspire and they hold me and my Executive Team to account for the day-to-day running of the Trust.

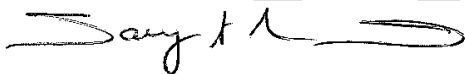
Our Board of Directors meets in public and ensures that we focused not only on national targets and financial balance, but also place significant emphasis on the achievement of quality in our local services. Our performance is monitored by them consistently and any potential areas for improvement addressed swiftly.

However, I am a very 'hands-on' Chief Executive. I believe in checking personally, where possible and appropriate, that things are as they should be in the Trust. I make unannounced visits to our services at all times of the day and night. I see for myself the care being provided and I hear directly from the people using the services at the time and those staff providing them. I also hold twice-monthly open staff briefing sessions throughout the Trust and talk with our Members and other local people about our services and their experiences at our 'Your Voice' meetings across Essex.

After reading this Quality Account/Report, I hope you will understand how seriously we all at EPUT take our responsibility to provide quality services, and how hard we work to ensure that we continue to deliver services in a caring, dignified and respectful way. We believe that our patients, service users, carers, staff, volunteers and other stakeholders are the best people to tell us what constitutes the highest quality of service. We will continue to strive to meet their expectations and provide the highest standards of care by listening carefully to them and taking action promptly where necessary.

### **Statement of Accuracy**

I confirm that to the best of my knowledge, the information in this document is accurate.



**Sally Morris**  
**Chief Executive**  
**Essex Partnership University NHS Foundation Trust**

## PART 2

### OUR QUALITY PRIORITIES FOR IMPROVEMENT DURING 2018/19 AND STATEMENTS OF ASSURANCE FROM THE BOARD FOR 2017/18

***Progress against the quality priorities for improvement for 2017/18, as set out in NEP and SEPT's 2016/17 Quality Report/Accounts, is set out in Part 3 of this document.***

#### **What services did EPUT provide in 2017/18?**

During 2017/2018, EPUT provided hospital and community-based mental health and learning disability services across Essex as well as a small number of specialist mental health and/or learning disability secure services in Essex, Bedfordshire and Luton. EPUT also provided community health services in Bedfordshire, South East Essex and West Essex as well as some specialist Children's Services Essex-wide. From 1 April 2017, South Essex Partnership University NHS Foundation Trust (SEPT) merged with North Essex Partnership University NHS Foundation Trust (NEP) to form Essex Partnership University NHS Foundation Trust (EPUT).

#### **How have we prepared this Quality Account/Report?**

This Quality Account/Report has been prepared in accordance with the national legislation and guidance relating to the preparation of Quality Reports and Quality Accounts in the NHS. The legislation and national guidance on Quality Reports and Accounts specifies mandatory information that must be reported within the Quality Report/Account and local information that the Trust can choose to include; as well as the process that Trusts must follow in terms of seeking comments from partner organisations (Clinical Commissioning Groups, Healthwatch organisations, and Local Authority Health Overview and Scrutiny Committees) and the Council of Governors on their draft Quality Report/Account as well as independent assurance from an external auditor.

This Quality Account/Report has been collated from various sources and contains all the mandated information that is required nationally, as well as a significant amount of additional local information. It has been set out in three sections in accordance with the national legislation and guidance. The report was considered in draft form by the EPUT Quality Committee and the Board of Directors. The draft report was also sent to Clinical Commissioning Groups, Healthwatch organisations, and Local Authority Health Overview and Scrutiny Committees and they were given 30 days in which to consider the content and provide commentary for publication in the final version. Clinical Commissioning Groups are required to provide a statement whereas the other partners are given the opportunity to provide a statement for inclusion should they wish to do so. The resulting statements are included at Annexe A of this Quality Account/Report. The draft document was also sent to Local Authority Health and Wellbeing Boards for consideration and comment should they wish. The Lead Governor for EPUT also provided a statement, on behalf of the EPUT Council of Governors, which is included in Annexe A. **Assumed statement**

The document was sent in draft form to the Trust's external auditors in April 2018, in order to provide independent external assurance in accordance with national guidance. This process has been completed and the external auditor's report is included at Annexe C of this Quality Account. **Assumed statement**



The EPUT Board of Directors approved the final version of the Quality Report/Account 2017/18 and their statement of responsibilities in this respect is included at Annexe B of this report. **Assumed statement**

## **2.1 Key actions to maintain and/or improve the quality of services delivered in 2018/19**

### **How have we developed our priorities for the coming year?**

In setting the specific quality account priorities, the Board of Directors considered the strategic context, the learning identified through the first year of merger and feedback from staff and stakeholders during the planning event.

The improvements outlined below, follow the baseline work undertaken during 2017/18 and align to our Quality Strategy to ensure we continue to embed learning and make improvements in care. EPUT continues to want to set stretching targets that focus on quality improvement and reducing harm to patients.

### **Priority 1 – Patient Safety**

We will continue our journey towards our ambition of achieving harm free care in the following areas:

- Pressure Ulcers
- Falls
- Restrictive Practice
- Medication Omissions
- Early detection of Deteriorating Patient
- Unexpected death

To achieve this, the Trust will:

- Achieve of 95% harm free care through the national Safety Thermometer data collection
- Reduce the number of avoidable category 3 and 4 pressure ulcers acquired in our care
- Reduce the number of avoidable falls that result in moderate or severe harm and a 15% overall reduction in falls
- Reduce the number of omitted doses of medication across our services
- Implement 'No Force First' to reduce the number of restrictive practices including restraints
- Roll out suicide prevention training to community mental health teams
- Ensure that all staff working in adult inpatient services, crisis services, access and assessment, prison and IAPT receive recognised, appropriate suicide prevention training including those risks associated with physical health
- Undertake audits to ensure all inpatients are monitored for physical health deterioration using early warning scores

### **Priority 2 – Clinical Effectiveness**

Record keeping and Personalised Care planning



Up to date clinical risk assessment and care plans have been a theme identified from our serious incident investigations. As a Trust we therefore want to ensure all care plans are produced in collaboration with services users to meet their needs, are regularly reviewed and contain up to date information.

To achieve this, the Trust will:

- Undertake record keeping audits and achieve improvement compared to results from audits carried out in Q4 2017/18
- Gather feedback from service users and their families about engagement and collaboration with their care plan to meet their needs and use it to make improvements as necessary

### **Priority 3 – Clinical Effectiveness**

#### **Mortality Review**

We will embed mortality review processes developed during 2017/18 in order to identify learning and take action

To achieve this, the Trust will:

- Provide quarterly reports on mortality to the Board of Directors
- Complete thematic reviews of deaths in line with our Mortality Policy
- Identify trends and themes from case note reviews for action
- Undertake audit of serious incident action plan implementation to ensure learning is embedded into practice

### **Priority 4 - Patient Experience**

We will strengthen engagement and involvement with service users, families and carers in relation to the mortality review process and the transforming services agenda (year 2).

To achieve this, the Trust will:

- Collate and analyse data collected from bereaved families and carers taken each quarter in respect of the Trust's level of engagement and involvement with them to inform our processes and training for staff
- Have a protocol in place by end of Q3 for all co-production work with service users, families and carers including an evaluation method to inform our future processes in respect of the new clinical model
- Have trained a cohort of service users and carers to be Trust Quality Champions by the end of Q3

### **Priority 5 – Clinical Effectiveness**

#### **Quality Academy**

We will increase the number of staff and service users trained in quality improvement methodologies and involved in the implementation of quality improvement initiatives.

To achieve this, the trust will:

- Provide Quality Champion training in all localities of the Trust with the aim to train a further 120 Quality Champions
- Develop 30 Gold level Quality Champions to provide coaching/mentorship to new recruits
- Provide quality improvement awareness sessions and provide the opportunity for service users and their carers to take part in training and quality improvement initiatives
- Develop Directorate quality improvement hubs to drive quality improvement at a local level

## 2.2 Learning from Deaths

### Background and context

The effective review of mortality is an important element of the Trust's approach to learning and ensuring the quality of services is continually improved. 'National Guidance on Learning from Deaths – A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care' was published by the NHS National Quality Board in March 2017 and set out extensive guidance for Trusts in terms of approaches to reviewing mortality, learning from deaths and reporting information. Its aim was to help initiate a standardised approach that would evolve as national and local learning in respect of mortality review approaches increases.

A significant amount of work has been undertaken within the Trust during 2017/18 to address the requirements of the national guidance, including:

- Development and publication of a Trust Mortality Review Policy and associated Procedural Guidelines.
- In the absence of any national pro formas for Trusts providing mental health/community health service, development of a local mortality review tool including a locally developed methodology for the assessment of the extent to which a death was due to 'problems in care'. This came into effect from the date of implementation of the Policy (1 October 2017). The Trust is reviewing the effectiveness of this tool, particularly given that it would appear that it is one of very few Trusts undertaking this at the current time.
- Development of an enhanced approach to bereavement support and family and carer involvement and implementation of an action plan to deliver this approach. This includes development of a Bereavement Support Pack and planned strengthening of the Family Liaison Officer support available to bereaved families and carers.
- Strengthening of the governance structure and processes for the review of mortality, including monthly assurance reports to the Mortality Review Sub-Committee from the Deceased Patient Review Group.
- Establishment of a mortality data dashboard, enabling the validation and analysis of death data, mortality surveillance and population of the national dashboard template.
- Publication on a quarterly basis of data and learning from mortality review from 1 April 2017 (first report presented to the Board of Directors in December 2017).

- Participation in a mortality development network for the Midlands and East Region, facilitated by Mazars.

The Trust takes every death of people in our care very seriously. We expect our staff to be compassionate and caring at all times. The aim of reviewing the care provided to people receiving services who have died is to help improve care for all our patients by identifying whether there were any problems, understanding how and why these occurred and taking meaningful action to implement any learning. The reporting of mortality data is part of this review process. It is a very new process across the whole NHS. It continues to be challenging, both nationally and locally, to gather and analyse the data. The review of mortality and reporting of data will thus evolve over time to become more meaningful as we learn from our own experiences of doing this, and those of other NHS Trusts.

As Trusts were able to determine their own local approaches to undertaking mortality review and defining those deaths which should be in scope for review, mortality data is not comparable between Trusts. As such, the Trust is using the data locally to monitor the review of mortality and to assist in the ultimate aim of learning from deaths and improving the quality of services. Due to the nature of the services provided by the Trust, there will be a number of deaths that will be “expected”. Nevertheless, we are always mindful that even if the person’s death was ‘expected’, their family and friends will feel deeply bereaved by their loss and we are putting in place enhanced processes to support people who have been bereaved by a death of someone in our care. We will also be undertaking a review of a sample of these ‘expected’ deaths to identify any learning in terms of the quality of our care provision.

## **Explanatory notes**

*\* Please note, all figures stated in the section below relate to deaths ‘in scope’ for mortality review. Deaths ‘in scope’ are defined in the Trust’s Mortality Review Policy as:*

- *All deaths that have occurred within Trust inpatient services (this includes mental health, community health, learning disability and prison inpatient facilities).*
- *All deaths in a community setting of patients with recorded learning disabilities.*
- *All deaths meeting the criteria for a serious incident, either inpatient or community based.*
- *In addition, from 1 October 2017, any other deaths of patients in receipt of EPUT services not covered by the above that meet the criteria for a Grade 2 case note review. These are identified on a case by case basis and will include:*
  - *Any patient deaths in a community setting which have been the subject of a formal complaint and/or claim by bereaved families and carers.*
  - *Any patient deaths in a community setting for which staff have raised a significant concern about the quality of care provision.*
  - *Any deaths of patients deemed to a severe mental illness in a community setting. For the purposes of this policy, this will be deemed to be any patient with a psychotic diagnosis (schizophrenia or delusional disorder) recorded on electronic clinical record systems that are recorded as having been under the care of the Trust for over 2 years.*
- *Any deaths identified for thematic review by the Mortality Review Sub-Committee (including a random sample of 20 expected inpatient deaths per annum).*

*Figures are only stated for Q1 – Q3 of 2017/18. Q4 information will not be reported to the Board of Directors until June 2018. Information in relation to Q4 2017/18 (and updated information in relation to Q1 – Q3 2017/18) will therefore be reported in the Trust's Quality Account for 2018/19.*

*At the time of preparing this Quality Account, the thematic reviews and expected inpatient death review sample for 2017/18 are in the process of being defined and commissioned and figures are therefore not included within the data below. Information in relation to thematic reviews including the random sample of 20 expected inpatient deaths will therefore be reported in the Trust's Quality Account for 2018/19.*

*The figures contained in this section of the Quality Account are consistent with the agreed approach for reporting quarterly information to the Board of Directors and are reported as at 20/03/18.*

### **National Guidance Ref 27.1**

#### **Number of deaths in scope for mortality review**

During 2017/18 (Q1 – Q3), \* 175 of EPUT patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

Q1	59
Q2	55
Q3	61

*Figures for the fourth quarter are not yet available at the date of preparing this Quality Account and will be reported in the EPUT Quality Account 2018/19.*

### **National Guidance Ref 27.2**

#### **Number of these deaths subjected to case record review/investigation**

By 20 March 2018, 0 case record reviews and 45 Grade 2-4 investigations have been carried out in relation to 45 of the deaths included above.

*Note: in addition to the above, 15 case record reviews and 23 investigations are in progress.*

In 1 case a death was subjected to both a case record review and an investigation (case record review in progress). The number of deaths in each quarter for which a case record review or an investigation was carried out (including those in progress) was:

Q1	28
Q2	24
Q3	32

*The grade of review for 19 of the 175 deaths is under determination.*

*Figures for the fourth quarter are not yet available at the date of preparing this Quality Account and will be reported in the EPUT Quality Account 2018/19.*

*Explanatory note:*

72 - closed reviews at Grade 1 (do not fall within the category of case note reviews/investigations)

45 - closed reviews at Grade 2 - 4 (case note review/investigation)

39 - reviews in progress at Grade 2 - 4 (case note review/investigation)

19 - final grade of review still under determination

Total = 175

### **National Guidance Ref 27.3**

#### **Deaths judged more likely than not to have been due to problems in care**

1 representing 1.7% of the patient deaths during the reporting period \* are judged more likely than not to have been due to problems in the care provided to the patient.

*\* Note: The Trust only agreed the methodology to assign a 'score' to whether deaths were not likely than not to have been due to problems in care provided to the patient as part of the new Mortality Review Policy which became effective on 1 October 2017. The reporting period to which these figures relate is therefore Q3 (1 October – 31 December 2017).*

In relation to each quarter, this consisted of:

0 representing 0% for the first quarter (see explanatory note above);

0 representing 0% for the second quarter (see explanatory note above);

1 representing 1.7% for the third quarter (please note, 46 reviews are still in progress at the date of preparing this information and thus no judgement has yet been made);

*Figures for the fourth quarter are not yet available at the date of preparing this Quality Account and will be reported in the EPUT Quality Account 2018/19.*

These numbers have been estimated using a tool designed locally by the Trust, based on the Royal College Physicians Structured Judgement Review tool and methodology. This tool is not based in any evidence based research. It is understood that there is national work being undertaken to design a suitable methodology and tool for use by Mental Health Trusts.

### **National Guidance Ref 27.4**

#### **Examples of learning derived from the review/investigation of deaths judged more likely than not to have been due to problems in care**

The following are examples of learning derived from the investigation of the death judged more likely than not to have been due to problems in care provided to the patient:

- Review required of supervision arrangements within the team involved to ensure that Support Workers are supervised appropriately and that supervision is directly related to patients in their care and the supporting documentation.
- All staff within the team need to be reminded that Support Workers cannot work independently and that their interaction with patients should be supervised and in line with the agreed plan of care.
- Review required of arrangements in place within the team for Caseload Management.

- Cancellation of scheduled visits should be agreed with the appropriate case load manager and not at the discretion of Support Workers.
- All patients should have a clear and up to date plan of care documented in their clinical notes that includes triggers for escalation to the multi-disciplinary team or consultant.
- Individual learning issues identified for staff involved.

### **National Guidance ref 27.5**

The following action has been / is being taken in consequence of the learning detailed above:

- Review being undertaken of supervision arrangements by team manager and a clear structure for supervision arrangements for Support Workers to be provided.
- Review being undertaken of all Support Workers' supervision notes by the team manager for a period of 4 months to ensure supervision directly related to patients' care and the supporting documentation. Action to be taken in relation to any concerns identified.
- Actions being put in place to ensure that Support Workers are providing support to patients under the direction of registered staff and that they are reporting to registered staff any observed changes; and that they are able to follow and demonstrate the delivery and implementation of care plans under the direction of registered staff.
- Review being undertaken of the zoning tool currently used during multi-disciplinary team meetings and alternative ways of caseload management being explored to ensure that there is sufficient senior clinical oversight of patients on the caseload.
- Arrangements put in place that require Support Workers to:
  - Inform the Care Co-ordinator/Case Worker (or in the absence of the Care Co-ordinator, the Team Leader/Team Manager) when they have to cancel appointments.
  - Inform the patient in advance about the cancellation and to share any concerns they have with the Care Co-ordinator/Case Worker or management.
- Arrangements being put in place to ensure that patients who are Care Co-ordinated have an up to date care plan/crisis plan that includes relapse indicators and escalation to senior staff, multi-disciplinary team or Consultant.
- Specific learning actions being taken by staff involved.

### **National Guidance Ref 27.6**

The impact of the actions described above is as follows:

- There will be robust supervision arrangements, directly related to patients, in place within the team, which are effectively implemented and monitored.
- There will be robust case load management arrangements in place within the team which will ensure that there is sufficient senior clinical oversight of patients on the caseload.
- There will be clear arrangements in place for appropriate escalation to senior staff where necessary.

There will be documented care / crisis plans in place against which patients' care will be monitored and any necessary escalation taken accordingly.

### **Learning from other deaths subjected to mortality review/investigation**

Any appropriate learning is identified from all mortality reviews undertaken and actions agreed irrespective of whether the death has been judged as being more likely than not to have been due to problems in care provided to the patient. A summary of this learning is reported to the Board of Directors in a quarterly report. Examples of such learning in relation to deaths in Q1 – Q3 relate to:

- Communication between different services to manage patients with complex risks / presentation.
- Information sharing to ensure collaborative working with other organisations, particularly primary / secondary care and inform clinical decision making.
- Documenting Multi-disciplinary Team discussions including decision making.
- Ensuring up-to-date risk assessment and care plans that are individually developed on the basis of both disclosed risk factors and any historical and risk characteristic profile.
- Actions to be taken when a patient is disengaging including involvement of families and carers to gather information and undertaking risk assessments of patients who are disengaging before being discharged from services.
- Providing advice on medication management to patients.
- Reviewing duty protocols to enable adequate crisis response on face to face basis if necessary.
- Communicating the drugs and alcohol services pathway.
- Family and carer involvement - having face to face discussions with carers and families as well as providing information on resources available; conducting and regularly reviewing carer's assessments; reviewing and changing timings of ward reviews to offer more flexibility to ensure family members can attend; and Family Liaison Officers agreeing with families the frequency of contact during investigations.

### **National Guidance ref 27.7 – 27.9**

#### **Mandated information that will be reported in 2018/19 Quality Account**

Reporting on mortality information became effective nationally from 1<sup>st</sup> April 2017 as part on the National Guidance on Learning from Deaths published by the Quality Board in March 2017. The Trust is therefore unable to report on the following mandated information in the Quality Account 2017/18 and will report on this for the first time in the Quality Account 2018/19:

- The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in the Quality Account for that previous reporting period.
- An estimate of the number of deaths included above which the Trust judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.

A revised estimate of the number of deaths during the previous reporting period taking account of the deaths referred to in the point above.



### **2.3 Stretching goals for quality improvement – 2018/19 CQUIN Programme (Commissioning for Quality and Innovation) for EPUT**

Commissioners have incentivised Essex Partnership University NHS Foundation Trust (EPUT) to undertake 56 CQUIN projects in 2018/19 which aim to improve quality of care and encourage collaborative working.

CQUIN's in 2018/19 remain unchanged as they enter year 2 of progression with the only exception of Neighbourhood Workforce Development which has now ended.

The value of the 2018/19 CQUIN scheme for EPUT is £5,906,566.79 which equates to 2.5% of Actual Annual Contract Value, as defined in the 2017/18 NHS Standard Contract. In contrast to previous years, all are national CQUIN schemes.

The CQUIN programme content was markedly different in 2017/18 in line with national NHS England guidance which explains

*“The CQUIN scheme has shifted focus from local CQUIN indicators to prioritising system wide Sustainability and Transformation Plans (STP) engagement and delivery of financial balance across local health economies. It is anticipated that that this approach will free up commissioner and provider time and resource to focus on delivering critical priorities locally.”*

Given the financial and capacity challenges facing the NHS and the need to transform area-wide care pathways involving many service providers to effectively deliver care, the 2018/19 CQUIN programme contains seven CQUIN that incentivise providers to collaborate and deliver quality and efficiency through transformation.

There are four CQUIN themes that enable the embedding of existing project work from 2017/2018:

- Staff Health & Well-being – a 3-part CQUIN applicable to community and mental health contracts that incentivises provision of a well-rounded programme of physical and mental health initiatives to support and promote staff wellness
- Physical Health – a 2-part CQUIN applicable to mental health contracts only that encourages physical health monitoring for patients with schizophrenia through consistent assessment and documenting of physical health and better partnership working with GP's
- Reducing Restrictive Practice – exploration of staff and service user experience of restrictive practice in developing initiatives that support least restrictive practice
- Recovery College – successfully launched FRESH, our new Recovery College and objectives for this year will embed this initiative

The commitment to rollout of national CQUIN programmes for a minimum of two years and five years in the case of Physical Health for People with Severe Mental Illness is very positive in our view. This acknowledges the length of time for real change to occur

especially regarding change in health behaviour and supports embedding of change in practice.

In conclusion, the Trust is dedicated to continually improving services and teams have proven to be committed to and adept at managing resources to meet the stretching goals for quality improvement within the National CQUINs that have been set by commissioners in previous years.

We are mindful of contextual events including transition within a newly merged organisation, and dependencies inherent in the progression of shared CQUIN schemes that may present risks but anticipate teams will ably meet the challenges for the coming year.

## **2.4 Statements of Assurance from the Board relating to EPUT 2017/18**

### **2.4.1 Review of services**

***During 2017/18, EPUT provided and/or sub-contracted 156 relevant health services.***

***EPUT has reviewed all the data available to them on the quality of care in 156 of these relevant health services.***

***The income generated by the relevant health services reviewed in 2017/18 represents 96% of the total income generated from the provision of relevant health services by EPUT for 2017/18.***

The data reviewed aimed to cover the three dimensions of quality – patient safety, clinical effectiveness and patient experience. During 2017/18 monthly data quality reports have been produced in a consistent format across all services. These reports monitor both timeliness of data entry and data completeness. There has been excellent clinical engagement with a clear understanding of the importance of good data quality across the clinical areas. Further information about data quality is included in section 2.4.6 below.

### **2.4.2 Participation in clinical audits and national confidential enquiries**

Clinical audit is a quality improvement process undertaken by doctors, nurses, therapists and support staff that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change (NICE 2005). Robust programmes of national and local clinical audit that result in clear actions being implemented to improve services is a key method of ensuring high quality. Clinical audit is a tool to assist in improving services. The Trust participates in all relevant National Clinical Audit Patient Outcome Programme (NCAPOP) audit processes and additional national and locally defined clinical audits identified as being important to clinical outcomes of our service users.

***During 2017/18 11 national clinical audits and one national confidential enquiry covered relevant health services that EPUT provides.***

***During that period EPUT participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.***

**The national Clinical Audits and national confidential enquiries that EPUT was eligible to participate in during 2017/18 are as follows:**

- National Sentinel Stroke National Audit Programme Round 5 (SSNAP) 2017/18
- National Diabetes Foot Care Audit Round 3
- National Chronic Obstructive Pulmonary Disease (COPD) Audit - Pulmonary Rehabilitation Work stream Round 3
- National Audit of Parkinson's Disease
- National Falls and Fragility Audit Programme
- POMHuk 17a Use of DEPOT/LA Antipsychotic injections for relapse prevention
- POMHuk 15b Prescribing valproate for Bipolar Disorder
- POMHuk 16b rapid tranquilisation re audit
- National Audit Benchmarking Intermediate Care
- National Clinical Audit of Psychosis
- National Early Intervention in Psychosis

**National Confidential Enquiries:**

- CAMHS

**The national clinical audits and national confidential enquiries that EPUT participated in during 2017/18 are as above.**

**The national clinical audits and national confidential enquiries that EPUT participated in, and for which data collection was completed during 2017/18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:**

<b>Audit</b> (POMH = Prescribing Observatory for Mental Health)	<b>No. of cases submitted as a % of the number of registered cases required by the terms of the audit/enquiry</b>
Sentinel Stroke National Audit Programme Round 4 (SSNAP) 2017/18	Data collection is on-going and continuous
National Diabetes Foot Care Audit Round 3	Data collection is on-going and continuous
National Audit of Parkinson Disease	100% of relevant cases had information provided to national organisers
POMH UK 17a use of depot/LA antipsychotic injections for relapse prevention	100% of required cases had information provided to national organisers
National Early Intervention in Psychosis Services	All relevant cases submitted
POMH UK 15b prescribing valproate for bipolar disorder	100% of required cases had information provided to national organisers.
NHS National Benchmarking for: Intermediate care	West Essex Community Services participation. All relevant cases included in the Benchmarking Process.
National Chronic Obstructive Pulmonary Disease (COPD) Audit - Pulmonary Rehabilitation Work stream Round 3	West Essex CHS 100% of relevant cases had information provided to national organisers.
National Clinical Audit of Psychosis	281 of target 300 cases submitted
National Audit Early intervention in Psychosis	100% of required cases had information provided to national organisers.
National Confidential Enquiry – CAMHS	100% of relevant cases were submitted with information to national organisers

***The reports of five national clinical audits were reviewed by EPUT in 2017/18 and we intend to take the following actions to improve the quality of healthcare provided (examples only are listed)***

- Raise staff awareness of access & waiting time targets and increase in age range for Early Intervention in Psychosis Services internally through Communications team
- Discuss with Commissioners about funding to enable all relevant service users to be offered Cognitive Behavioural Therapy (CBT) to meet national standard
- Service users to be offered employment support programme - (not commissioned in South West)
- Carers to be offered an education and support programme
- Review of the current stroke pathway to address improvements to meet compliance against the required standards including physiotherapy, speech and language therapy, occupational therapy, psychological support following discharge
- Improve practice around conducting de-briefs and documenting them after each episode of Rapid Tranquilisation
- Improve documentation of a care-plan around management of future episodes of disturbed behaviour within one week of administering Rapid Tranquillisation - re audit
- Improve discussions and inclusion in the care-plan of any preferences patient might have in management of acutely disturbed behaviour
- Ensure there is a recent ECG prior to administering Intra Muscular Haloperidol
- Ensure regular monitoring of the patients' vital signs after Rapid Tranquillisation
- Ensure more frequent (at least every 15 mins) monitoring if eBNF limits exceeded or patient is sedated or poorly

***(Note: All national clinical audit reports are presented to relevant Quality and Safety Groups at a local level for consideration of local action to be taken in response to the national findings.)***

EPUT's priority clinical audit programme for 2017/18 was developed following consultation with senior mental health and community health service managers to focus on agendas required to provide assurance to the Trust and stakeholders that services being delivered are safe and of high quality. A centralised Clinical Audit Department oversee all priority clinical audits, facilitate clinicians to ensure high quality, robust audits and monitor and report on implementation of action plans post audit to ensure that, where necessary, work is undertaken to improve services. Learning from audits takes place internally via reports that are provided to individual senior and local managers, operational quality groups and centralised senior committees. The Trust also reports regularly to stakeholders such as Clinical Commissioning Groups about outcomes of audits relevant to services in their portfolios.

***The reports of 35 local clinical audits were reviewed by EPUT in 2017/18 and we have taken or intend to take the following actions to improve the quality of healthcare provided (examples only are listed)***

- ***Development of the End of Life framework***
- ***Implementation of monthly records audits***

- **Updates to Mobius and Remedy patient Electronic record systems**
- **Feedback to groups to inform essential trust work streams:**
  - **Restrictive practices**
  - **Physical Health**
  - **Deteriorating patient**
  - **Falls**
  - **End Of life**
  - **Suicide Prevention**
- **Reconvene EOL steering group**

### **2.4.3 Clinical Research**

Research is a core part of the NHS, enabling the NHS to improve the current and future health of the population. In line with patient rights set out in the NHS constitution and the expectations and the wishes of the public, EPUT offers opportunities for patients to take part in research studies relevant to them. To ensure the safety and quality of clinical research, all studies require Health Research Authority (HRA) approval, while studies involving patients or patient data additionally require approval from a research ethics committee. The research department is responsible for assessing, arranging and confirming capacity and capability to deliver a study at the Trust.

As a newly formed Trust, EPUT has joined the Clinical Research Network - North Thames (CRN NT), which provides regional support for researchers and funds a number of research delivery staff at EPUT. CRN funded, Trust employed staff help to run studies on the National Institute for Health Research Clinical Research Network (NIHR CRN) portfolio, a database of high quality clinical research studies meeting CRN eligibility criteria. The large majority of studies hosted by the Trust are on the NIHR CRN portfolio, on research themes including schizophrenia, Alzheimer's disease, mild cognitive impairment, community services and eating disorders. Ongoing studies include clinical trials of new medications and psychological therapies, studies taking blood samples to help genetic analysis of mental illnesses and surveys examining patient preferences for care.

Evidence suggests that taking part in research leads to better clinical outcomes and that research active NHS Trusts tend to provide better care. Hosting research also helps with the professional development and ongoing education of clinical staff as well as making the Trust an attractive place to work. We continue to work with our partner organisations to develop research and to support students undertaking research as part of further education courses.

***The number of patients receiving relevant health services provided or sub-contracted by EPUT in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 990.***

### **2.4.4 Goals agreed with commissioners for 2017/18**

The CQUIN (Commissioning for Quality and Innovation) payment framework aims to support the cultural shift towards making quality the organising principle of NHS services, by embedding quality at the heart of commissioner-provider discussions. It continues to be an important lever, supplementing Quality Accounts, to ensure that local quality



improvement priorities are discussed and agreed at Board level within and between organisations. It makes a proportion of the provider's income dependent on locally agreed quality and innovation goals.

***A proportion of EPUT's income (2.5% of contract value) in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between EPUT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2017/18 and the following 12 month period are available electronically at: <http://www.eput.nhs.uk>***

The EPUT CQUIN programme for 2017/18 included schemes negotiated with commissioners across the areas in which EPUT was commissioned to operate services. The CQUIN programme included a mix of local (1.5% of contract value) and national (1.00% of contract value) schemes and was valued at just under £6.6 million which represents 2.5% of contract value for the Trust. This compares to the 2016/17 CQUIN programme which again represented 2.5% of contract value equating to £4.4 million.

The current forecasted achievement is 86% (£5.7 million income), reflecting strong operational performance within each of the five services in achieving a complex programme and challenging expectations of commissioners. Given the financial and operational challenges facing the NHS in 2017/18 overall we are pleased that collaboration to deliver shared CQUINs is helping to strengthen links with partners. There is clear evidence of improving quality for patients across the breadth of community, mental health and specialist commissioned services run by EPUT over the last 12 months.

The Trust's CQUIN programme included the two national CQUINs applicable for Community Health Services and/or Mental Health Services. These are:

- Staff Health & Well-being – a new 3-part CQUIN applicable to south east Essex and west Essex community and south Essex mental health contracts.
- Physical Health (Year three Cardio-metabolic Assessment) - a 2-part CQUIN applicable to south Essex mental health contract only.

In conclusion, the Trust has continued to be dedicated to continually improving services and teams have proven to be committed to and adept at managing resources to meet the stretching goals for quality improvement within the National CQUINs that have been set by commissioners in previous years as well as locally negotiated schemes. We anticipate teams will continue to ably meet the challenges for the coming year.

#### **2.4.5 What others say about the provider?**

***EPUT is required to register with the Care Quality Commission and during 2017/18 the Trust has been registered with conditions. Following the registration changes made to Clifton Lodge and Rawreth Court to become Nursing Homes, the Trust has two conditions of registration which requires the services to have Registered Managers and limits the number of beds provided by the services.***

***The Care Quality Commission has not taken enforcement action against EPUT during 2017/18***

The Care Quality Commission has completed three unannounced inspections of Trust services during 2017/18. The inspections consisted of two location specific inspections (Byron Court/Colchester Mental Health Wards) and a focused inspection of six core services (covering the majority of the Trusts mental health inpatient provision). The visits review compliance against the Fundamental Standards and Key Lines of Enquiry (KLOE's). The published reports were not rated. A number of concerns for the Trust to address were identified which have been proactively taken forward as part of preparing for a comprehensive inspection of all Trust services in 2018/19.

#### **2.4.6 Data Quality**

The ability of the Trust to have timely and effective monitoring reports, using complete data, is recognised as a fundamental requirement in order for the Trust to deliver safe, high quality care. The Board of Directors strongly believes that all decisions, whether clinical, managerial or financial, need to be based on information which is accurate, timely, complete and consistent. A high level of data quality also allows the Trust to undertake meaningful planning and enables services to be alerted to any deviation from expected trends.

The Trust has systems and processes in place for the collection, recording, analysis and reporting of data. Information systems have built in controls to minimise scope for human error or manipulation. There are corporate security and recovery arrangements in place. Roles and responsibilities in relation to service and data quality are clearly defined and where appropriate incorporated into job descriptions.

2017/18 has been a challenging year within the new Trust with the ongoing use of two mental health information systems inherited from the former organisations of SEPT and NEP. Considerable work has been undertaken to align data reporting across the organisation and to ensure that data definitions are interpreted and applied consistently across EPUT. During 2017/18 Trust wide reporting has been implemented to ensure that national data submissions accurately reflect EPUT's position.

Internal Audit carried out a data quality audit on randomly selected KPIs across the Trust during February 2018 and has advised that there is 'satisfactory assurance' on the controls that are in place.

Internal and external reporting requirements have been assessed and data provision is reviewed to ensure it is aligned to these needs. Data used for reporting is used for day to day management of the Trust's business. Data is used to support decision making and management action is taken to address service delivery issues identified by reporting. Data used for external reporting is subject to verification prior to submission. Data returns are prepared and submitted on a timely basis and are supported by an audit trail.

External independent assurance has been sought on the content of the Quality Account/ Report and of the quality of data that supported reporting of performance against three of the KPIs reported within it.

In addition to the changes above, the following key developments have taken place:



- The Information Assurance Framework has been revised to focus on the performance indicators outlined within the Single Oversight Framework. The assurance framework reflects the changes that were made to the Single Oversight Framework in November 2017
- During 2017/18, a new IM&T strategy has been approved, which acknowledges the primacy of data quality and proposes practical steps to consolidate and improve it
- Continued monthly monitoring of data quality across mental health and community health services patient data by Senior Management Teams, Executive Team and Finance and Performance Committee
- Presentation of a regular Data Quality Report to the Information Governance Steering Sub Committee
- In October 2017, a revised Data Quality Policy and Procedure was approved for use throughout EPUT

***EPUT achieved a Data Quality Maturity Index score of 95.1% for Q1 and 94.9% for Q2 compared to the NHSI Single Oversight Framework target of 95%.***

*Note: This was due to an issue with the commissioner code in the south of the Trust. This has been corrected for the October refresh and the November primary submission of the Q2 data.*

***EPUT's Information Governance Assessment Report overall score for 2017/18 was 72% and was graded Green (Level 2 or above - Satisfactory).***

***During 2017/18, EPUT undertook an annual clinical coding audit, conducted by CBS Butler, an accredited external organisation. Results were:***

- *Primary Diagnoses: 96.5%*
- *Secondary Diagnoses: 89.3%*
- *Primary procedures: 100%*
- *Secondary procedures: 100%*

***We will be taking the following actions to improve data quality:***

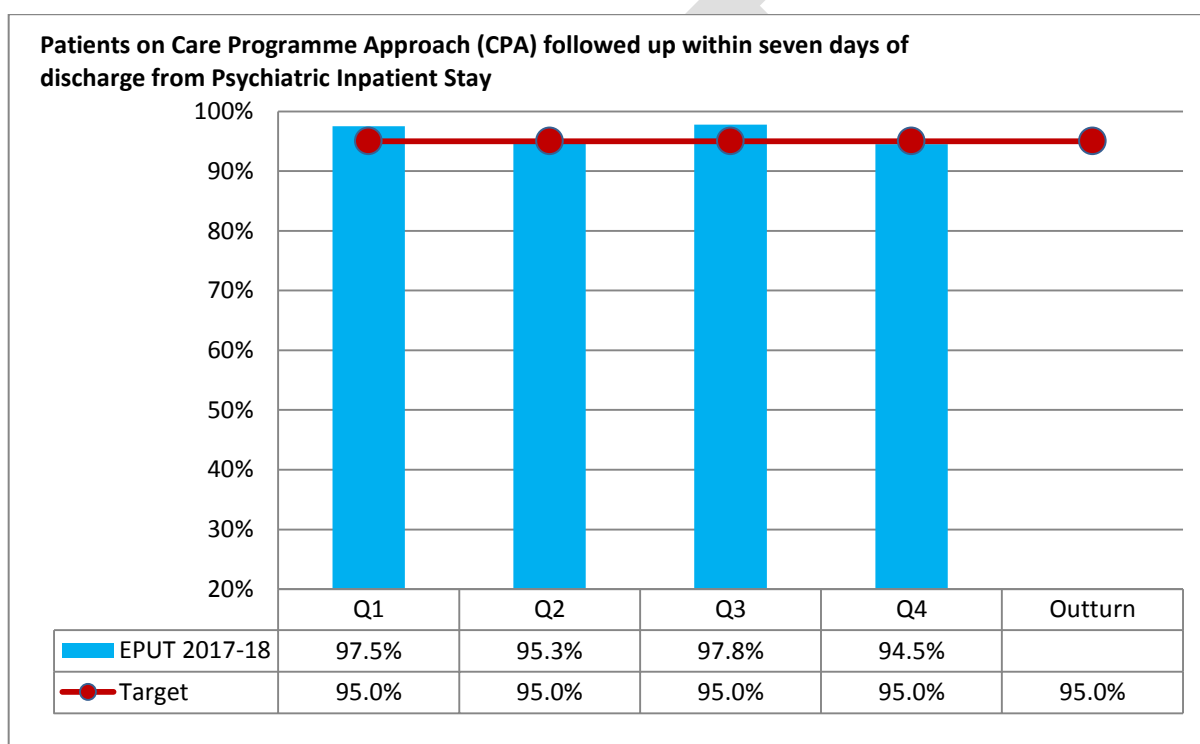
- Submission of additional fields within the Mental Health Services Dataset. As part of the implementation of new national datasets the Trust is undertaking intensive monitoring of all the data fields to ensure a high level of data quality is achieved
- Increased number of Data Quality Audits to be undertaken by the Internal Audit function.

## **2.5 National Mandated Indicators of Quality**

A letter from NHS Improvement dated 26<sup>th</sup> January 2018 accompanied by detailed guidance outlined the reporting and recommended audit arrangements for Quality

Accounts/Reports for 2017/18. The National Health Service (Quality Accounts) Regulations 2010 had been previously amended to include changes of the mandatory reporting of a core set of quality indicators. Those indicators relevant to the services EPUT provided during 2017/18 are detailed below, including a comparison of the Trust's performance with the national average and also the lowest and highest performers. The information presented for the four mandated indicators has been extracted from nationally specified datasets, and as a result, is only available at a Trust-wide level.

**Patients on Care Programme Approach (CPA) followed up within seven days of discharge from psychiatric inpatient stay**



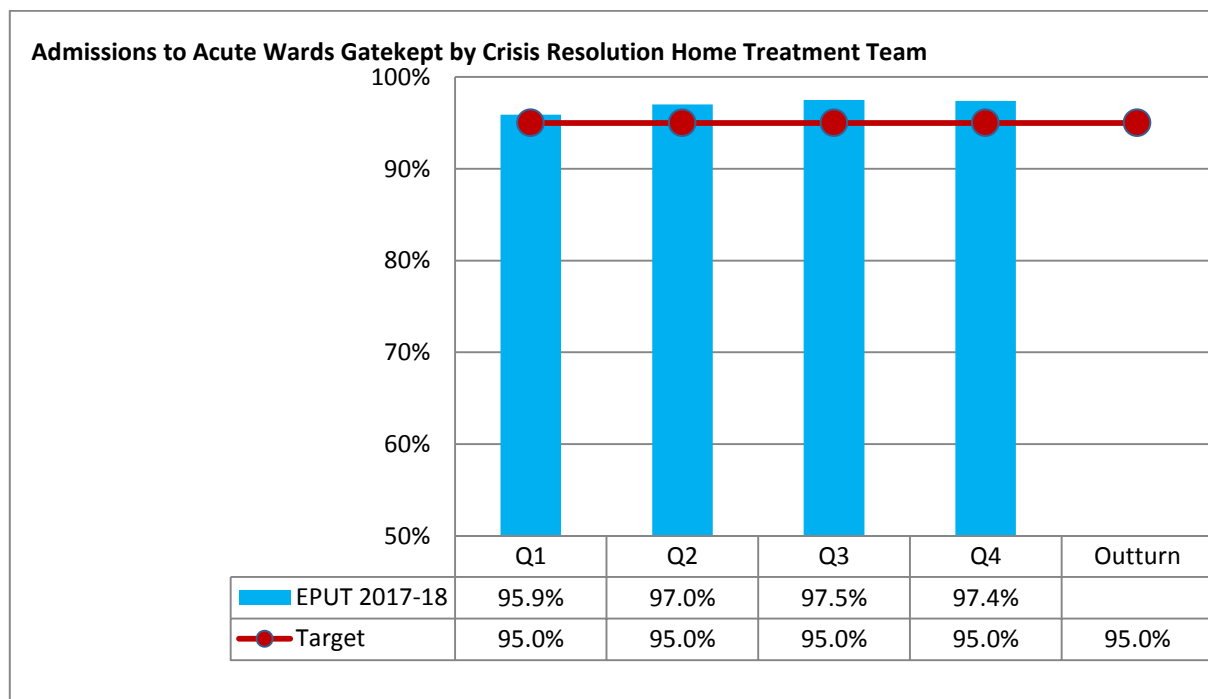
This indicator measures the percentage of patients that were followed up (either face to face or by telephone) within seven days of their discharge from a psychiatric inpatient unit.

This target has been met for quarters 1-3. During Q4, the Trust followed up 519 discharges within 7 days out of a total 549 discharges, equating to a rate of 94.5%. The Q4 position is based on local data and will be updated upon receipt of the national data in early May 2018.

In order to improve this percentage and thus the quality of its services, EPUT has been routinely monitoring compliance with this indicator on a monthly basis and identifying the reasons for any patients not being followed up within seven days of their discharge. Any identified learning is then disseminated across relevant services.

**Data Source :** DoH Unify2 Data Collection – MHPvCom via NHS Digital  
**National Definition** applied: Yes

### Admissions to acute wards gatekept by Crisis Resolution Home Treatment Team



This indicator measures the percentage of adult admissions which are gatekept by a crisis resolution / home treatment team.

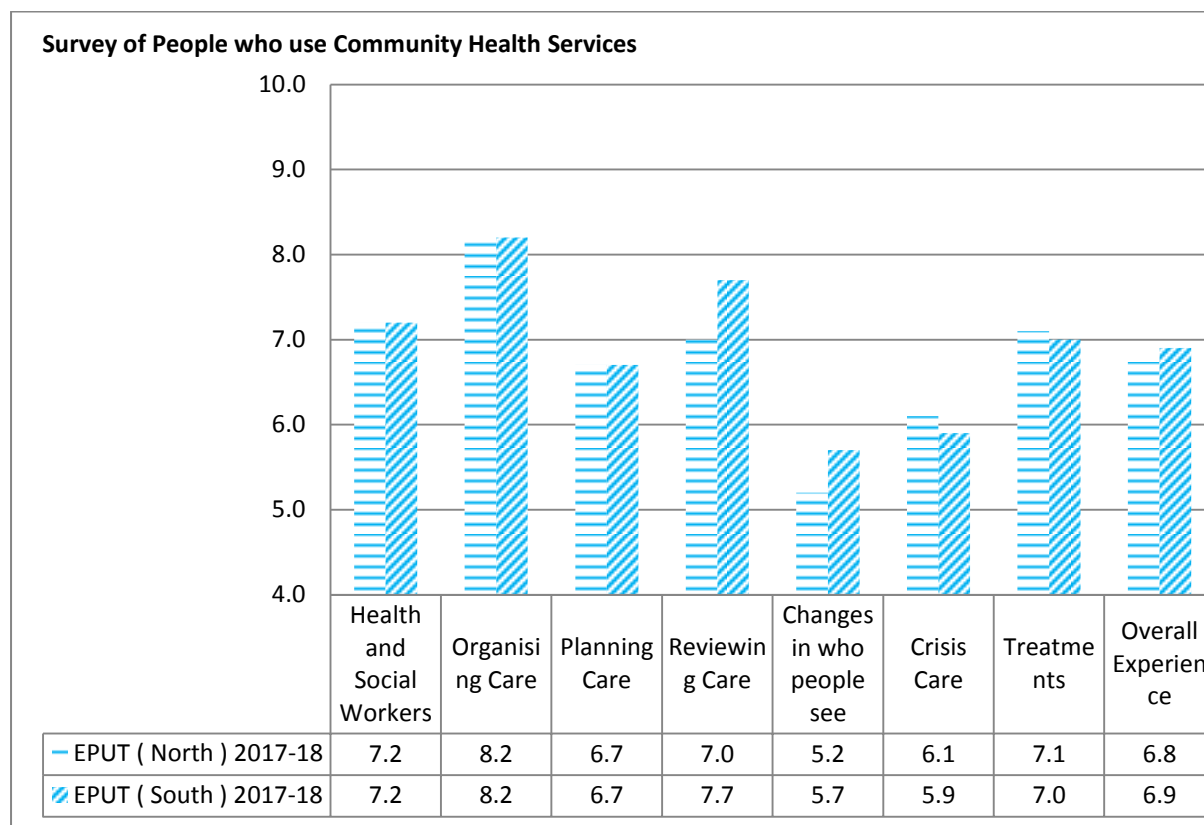
This target has been met consistently each quarter during 2017/18 and for the year as a whole. The Q4 position is based on local data and will be updated upon receipt of the national data in early May 2018.

In order to improve this percentage and thus the quality of services delivered, the senior operational staff in each locality responsible for the delivery of mental health services review the causes of any breaches each month to ensure that no common themes or trends are developing.

**Data Source :** DoH Unify2 Data Collection – MHPrvCom via NHS Digital  
**National Definition** applied: Yes

## Patient experience of community mental health services

The Community Mental Health Patient Survey 2017 was sent to patients who received treatment from the former Trusts in September to November 2016 to complete and return. The CQC have published reports in November 2017 for each of the former Essex Mental Health Trusts ( these are designated below as EPUT ( North ) and EPUT ( South ) in the graph below.

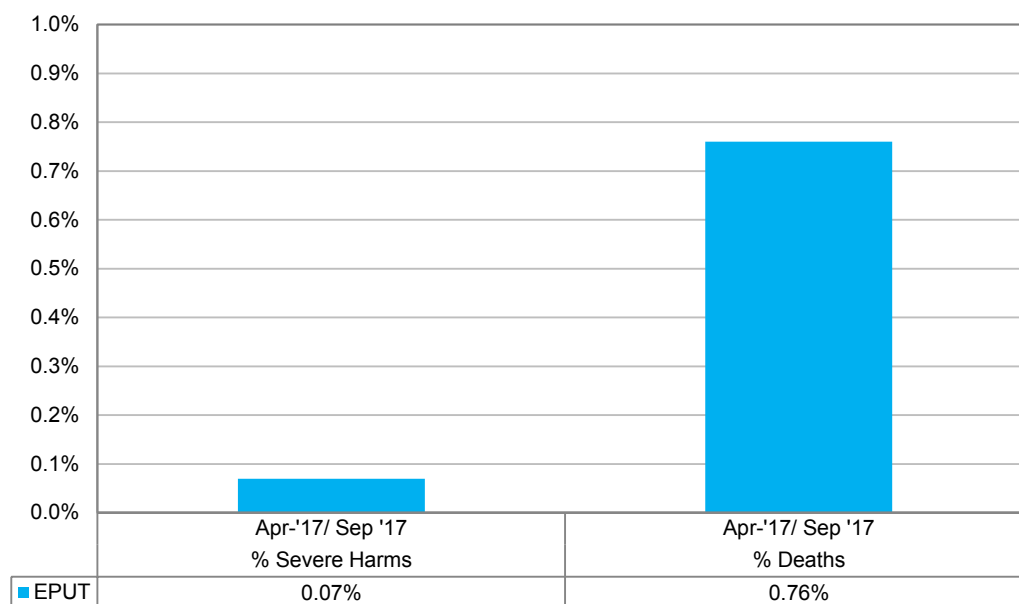


The results of the 2017/18 Community Mental Health Patient Survey show that EPUT ( North ) and EPUT ( South ) have scored “About the Same” as the England average across all sections in the graph above.

**Data Source:** CQC Community Mental Health Services Surveys  
**National Definition applied:** Yes

Patient safety incidents and the percentage that resulted in severe harm or death

Reported Dates	1st April 2017 - 30th September 2017		
Organisation	All incidents	Severe harm	Deaths
EPUT	7,149	5	54



Patient safety data for period 1<sup>st</sup> April 2017 to 30<sup>th</sup> September 2017 was published in March 2018 and provides figures for the new Trust. The graph above illustrates the % of incidents reported as severe harms and the % of incidents reported as a death.

The national collection of patient safety incident data for period 1<sup>st</sup> October 2017 to 31<sup>st</sup> March 2018 is due to be completed by the end of May 2018 and publication of reports is anticipated to be around September 2018.

Significant work has been and continues to be taken forward across the Trust to reduce harm and details of some of this work are included throughout this report. A number of the quality priorities for the coming year outlined in section 2.2 are specifically intended to reduce incidents resulting in harm; and work in this area will continue to be monitored closely by the Trust.

**Data source:** NRLS NPSA Submissions  
**National Definition applied:** Yes

## 2.6 Implementing the Duty of Candour and “Sign up to Safety”

This year, NHS England has again asked Trusts to consider including information in their Quality Reports/ Accounts relating to the implementation of the Duty of Candour and of the national Sign up To Safety (SUTS) campaign. The following sections therefore outline the progress made by EPUT in 2017/18.

### ***Implementing the Duty of Candour***

The *Duty of Candour* is the requirement for all clinicians, managers and healthcare staff to inform patients/relatives of any actions which have resulted in harm. It actively encourages transparency and openness and the Trust has a legal and contractual obligation to ensure compliance with the standard. EPUT has considered such openness and transparency to be vital in ensuring the safety and quality of services; and has continued to drive forward work in this area.

Work undertaken in 2017/18 has included:

- Harmonisation of policy across the Trust incorporating mandatory training courses for staff as follows:
  - short overview on-line course for all clinical staff on-line
  - detailed on-line course for managers/team leads and senior staff
- Duty of Candor and Being Open session included within Trust induction
- the identification of a Family Liaison Officer/Duty of Candour lead for all serious incidents and weekly reporting to the Executive Team
- information and evidence in terms of meeting Duty of Candour requirements collated within Datix system
- weekly review of all moderate incidents to assess if the Duty of Candour is applicable and ensuring that necessary actions are taken
- Terms of reference now shared with families prior to investigation to agree areas to be covered
- The introduction of monthly reporting in the Trust’s Performance Report of relevant incidents, with weekly progress chaser / situation reports sent to Directors and senior managers
- Plans for Family Liaison Officer training programme involving Police and CRUSE Bereavement

The Trust is confident that the ongoing work being taken is contributing to the on-going development of a culture which is open and transparent.

## **Implementing 'Sign up to Safety' (SUTS)**

The Trust has continued to take forward 'Sign up To Safety' (SUTS), a national safety campaign, work streams. The mission of the national campaign was to strengthen patient safety in the NHS and make it the safest healthcare system in the world. The Secretary of State for Health set out the ambition of halving avoidable harm in the NHS over the next three years, and saving 6,000 lives as a result. The work streams continue to cover the six priorities aligned with the Quality Strategy and Quality Priorities as follows:

- Early detection of deteriorating patient
- Avoidable pressure ulcers
- Avoidable falls
- Avoidable unexpected deaths
- Reduction in use of restraint
- Reduction in omitted doses of medication

Leads have been assigned to each of the 'Sign up to Safety' work streams to ensure the Safety Improvement Plan actions are taken forward and monthly meetings have been held with these work stream leads throughout the year to review progress. A regular update on each work stream is presented to the Quality Committee. Key actions delivered this year include:

- Standardisation of the early warning scoring system chart (MEWS) across the Trust with training provided through Enhanced Emergency Skills course
- Roll out of harmonised Falls guidelines and participation in the NHSI Falls Collaborative
- Communication of medication errors by service area with ward managers and matrons through the Quality and Safety meetings and through the pharmacy weekly checklist
- Harmonisation of Pressure ulcer guidelines and review of training
- Review of restraint training and harmonisation of TASI training across the Trust
- Using service user stories within restraint training
- Further roll out of suicide prevention training

The leads have continued to link with a number of other organisations to share best practice and learning.



### PART 3: REVIEW OF EPUT QUALITY PERFORMANCE DURING 2017/18

This section of the Quality Account/Report outlines the Trust's performance over the past year in terms of delivering on the quality priorities set out in the NEP and SEPT Quality Account/Reports 2016/17. It also details performance against some key indicators of service quality which have been reported on in previous years. The tables include previous year's results too as this gives an indication of whether the Trust is getting better at quality or if there are areas where action needs to be taken to improve. Where this is the case, we have detailed the actions we intend to take.

This part of the Quality Report is divided into five sections, as follows:

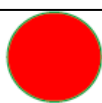
Section	Content	Page
3.1	Progress against our quality priorities for 2017/18 (which were outlined in the NEP and SEPT Quality Report/Accounts 2016/17) – we have included historic and benchmarking data, where this is available, to enable identification of whether performance is improving	29
3.2	Some examples of local service quality improvements and Trust workforce development initiatives delivered during 2017/18	41
3.3	Performance against EPUT Trust wide and service specific quality indicators <ul style="list-style-type: none"><li>• Trust wide quality indicators</li><li>• Mental Health Services quality indicator</li></ul>	67
3.4	Performance against key national indicators and thresholds mandated nationally which are relevant to EPUT from the NHS Improvement Single Oversight Framework (as specified in the NHS Improvement Quality Reports Guidance for 2017/18)	78
3.5	Listening to our patients / service users. This section details some of the work the Trust has undertaken to capture patient experience and use this to help improve the quality of services	82

To enable readers to get an understanding of the Trust's performance in local areas, performance against indicators is detailed by locality area where it is possible to do so.

### **Section 3.1: Progress against the quality priorities we set for 2017/18**

The Board of Directors considered the strategic context, their knowledge of the Trust and the feedback from staff and stakeholders during the planning cycle and identified seven Quality Priorities for 2017/18. These built on quality priorities for 2016/17 in the former Trusts of North and South Essex and are linked with the national 'Sign up to Safety' Campaign.

RAG (**R**ed **A**mb **G**reen) ratings have been applied to provide an accessible method of understanding the levels of performance. RAG ratings should be used in conjunction with the actual levels of performance which are also quantified in the charts that follow.



RAG rated **RED** to indicate that performance has not met the target by a significant margin.



RAG rated **AMBER** to indicate that performance is close to target.



RAG rated **GREEN** to indicate that performance has exceeded the target %.

### 3.1.1 Safety

### 3.1.2 Experience

### 3.1.3 Effectiveness

**Quality priority:** To develop and implement revised standards for record keeping and achieve an improvement in the quality of record keeping between Q1 and Q4.

**Data source:** Audit

**National Definition applied:** ?

**TARGET 1 :** During Q1, the Trust will undertake a record keeping baseline audit and develop and launch revised standards for record keeping.

**TARGET 2 :** At the end of Q1, the Trust will agree appropriate improvement targets to be achieved by Q4 against the established baseline.

**TARGET 3 :** The Trust will undertake a further record keeping audit in Q4 and will have achieved a percentage improvement in the quality of record keeping.



#### Why did we set this priority?

Clinical record keeping is integral to professional practice. Good record keeping is a vital part of communication for clinical staff and is integral to promoting safety and continuity of care for service users. Staff should be clear about their responsibilities for record keeping in whatever format records are kept. Clinical records provide an account of individual considerations and the reasons for decisions and the use of this information is essential to supporting delivery of high quality, evidence based care.

#### During 2017/18 we have taken the following actions:

- Ongoing face to face training undertaken by the practice development team
- Records audits were undertaken across CAMHS & LD, the Mother & Baby Unit, Secure Services, MH Adult Wards and MHOP wards in Q1 with a target to achieve 90% compliance by Q4:

	Baseline (Q1)	Re-audit (Q4)
CAMHS	85%	85%
Mother & Baby	91%	98%
MH Adults	80%	88%
Secure Services	79%	95%
Mental Health Older Adults	86%	89%
<b>Total</b>	<b>84%</b>	<b>91%</b>

#### Has the priority been achieved?

The Trust has partially achieved the priority as two of the five areas exceeded the 90% target.

### 3.1.1 Safety

### 3.1.2 Experience

### 3.1.3 Effectiveness

**Quality priority:** Pressure Ulcers, Avoidable Falls, Medication Omissions and Restrictive Practice

**TARGET 1:** During Q1, the Trust will establish a baseline for the new organisation for each of the areas identified and standardise processes and reporting where differences exist.

**TARGET 2 :** At the end of Q1 when the baseline across EPUT has been established, the Trust will establish appropriate reduction targets for the remainder of the year.

**TARGET 3:** The Trust will monitor performance in each of the categories during Q2 – Q4 and will have achieved an appropriate reduction against the new organisational baseline established in Q1 for:

- The number of avoidable grade 3 and 4 pressure ulcers acquired in our care
- The number of avoidable falls that result in moderate or severe harm
- The number of omitted doses within services
- The number of prone restraints:

**TARGET 4:** The Trust will achieve above 95% harm free care from the “Safety Thermometer” every month throughout the year.

**Data source:** Datix

**National Definition applied:** Yes



#### Why did we set these priorities?

##### Pressure Ulcers

Pressure ulcers represent a major burden of sickness and reduced quality of life for people and their carers. They can be debilitating for the patient, with the most vulnerable people being those over the age of 75. Pressure ulcers can be serious and lead to life-threatening complications.

##### Omitted Doses

In 2007, a review of medication incidents by the National Patient Safety Agency (NPSA) identified that omitted and delayed medicines was the second largest cause of medication incidents reported to the National Reporting and Learning System (NRLS). The data highlighted that if delayed or omitted some medicines, such as anti-infectives, anticoagulants and insulin, could have serious or even fatal consequences. As a result in 2010 the NPSA issued a Rapid Response Report aimed at reducing harm from omitted and delayed medicines in hospital.

Doses of medicines may be omitted for a variety of reasons, including:

- a valid clinical reason for not giving the medicine
- the intention to prescribe a new or regular medicine is not carried through
- the medicines is not available on the ward / in the patient's home
- the route of administration is not available (e.g. nil by mouth, loss of patency of an IV line)
- the patient is away from the ward or out when visited at home
- poor communication between or within teams about the patient's needs
- the patient refuses the medication.

## Falls

Across England and Wales, over 36,000 falls are reported from mental health units and 28,000 from community hospitals. Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged over 75 in the UK. Hip fracture is the most common serious injury related to falls in older people. 30% of people who fracture their hip as a result of a fall will die within 12 months of the injury. 30% will not return to their pre-fracture level of function.

## Prone Restraint

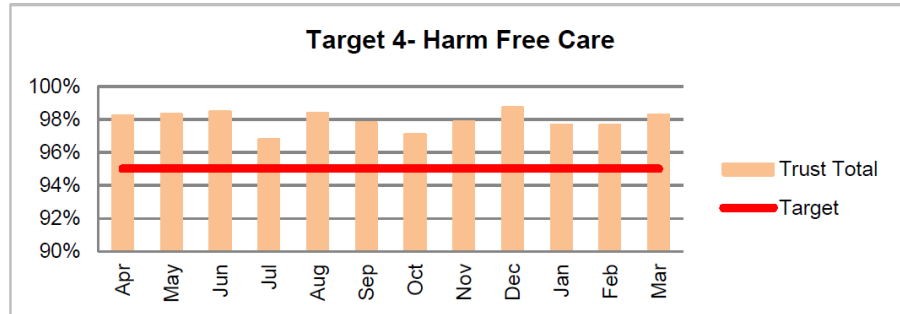
Changes to how we practice in health and social care services have been influenced by the MIND campaign in 2013, when they called for an end to all face down (prone) restraint. This influenced the "Positive and Proactive Care" national guidance aimed to shape policies and practice. Strengthening this agenda came with the revised 2015 Mental Health Act Code of Practice. The Trust has continued to take this workstream forward and the target within this section was aimed at reducing prone restraints.

### During 2017/18 we have taken the following actions:

- A baseline review was undertaken using Q1 and Q2 for prone restraint and omitted doses as follows:
  - Omitted doses: 290
  - Prone restraint: 122
- The baseline for falls, pressure ulcers and unexpected deaths was derived from 2016/2017 data:
  - Avoidable PU: 11
  - Avoidable Falls: 7
  - Unexpected deaths: 53
- A 10% reduction was agreed across all workstreams
- Skin Matters groups in place
- Weekly reporting to executive team on pressure ulcer prevalence including identifying any trends or themes and actions being taken forward to embed learning
- Learning from RCAs undertaken for category 3 and 4 pressure ulcers is shared with teams.
- On-line pressure ulcer training is now mandatory.
- Work on falls prevention has been taken forward as part of the NHSI Falls Collaborative
- We held a dedicated Falls Week in October
- Training on falls prevention has been strengthened
- The Falls Guideline has been harmonised across the Trust
- Standardised Falls Risk Assessment Tools are in use across all older adults wards
- Communication of medication errors by service area with ward managers and matrons through the Quality and Safety meetings and through the pharmacy weekly checklist.
- Implementing a system of checking all that all the medication charts have been signed before the staff on each shift leave
- Introduced the provision of support where medication errors are repeated through supervision.
- Taking forward 'No Force First Approach' with regard to restraint
- Reviewed restraint training and implemented TASI training across all relevant areas
- Implemented Service User stories within restraint training
- Performance in each of the above categories during has been monitored during Q2 – Q4 with the following reduction achieved at the time of writing against the organisational baseline:
  - Omitted doses: 147 in Q4 vs quarterly improvement target of 261
  - Prone restraint: 98 in Q4 vs quarterly improvement target of 110
  - Avoidable PU: 5 ( 2017/18 ) vs baseline of 11
  - Avoidable Falls: 4 ( 2017/18 ) vs baseline of 7
  - Unexpected Deaths : 84 ( 2017/18 ) vs baseline of 53
- The Trust has consistently achieved or surpassed 95% harm free care from the "Safety Thermometer" every month throughout the year.

### Has the priority been achieved?

The Trust has partially achieved the target with a reduction in the number of avoidable falls, omitted doses, prone restraints and pressure ulcers and achievement of harm free care as measured by the Safety Thermometer.





### 3.1.1 Safety

### 3.1.2 Experience

### 3.1.3 Effectiveness

**Quality priority:** Unexpected Deaths

**TARGET 1:** During Q1 the Trust will review the different suicide prevention training packages in place across the Trust and establish the organizational baseline for staff having completed suicide prevention training.

**TARGET 2:** At the end of Q1, the Trust will agree the training approach going forward and appropriate trajectories for completion of agreed suicide prevention training across the Trust.

**TARGET 3:** The Trust will monitor training completion during Q2 – Q4 and will have achieved the agreed completion rate by the end of Q4.



**Data source:** Local Training Records

**National Definition applied:** NA

#### Why did we set this priority?

Suicide is a most distressing event having a significant and profound impact on families, carers and loved ones. *Between 2003 and 2013, 18,220 people with mental health problems took their own life in the UK. Suicide is the most common cause of death for men aged 20-49 years in England and Wales. One person in 15 had made a suicide attempt at some point in their life.*

#### During 2017/18 we have taken the following actions:

- Suicide prevention training was reviewed and a decision taken by the Executive Team to take forward Connecting with People across the Trust. Trajectory agreed : 60% of clinical staff to be trained in either STORM or Connecting with People ( CWP ) training by March 2018 ( Adult inpatient & Crisis teams ).
- STORM training ceased in Oct 2017 with CwP adopted Trust wide
- Two CWP courses provided each month - 84 delegates trained, 45 of whom were in the target group e.g. adult inpatient, CAHMS, Community and Crisis Services. Target group WTE 428. The majority of other attendees not in the target group were from community mental health services and older adult.
- In total, 252 individuals have received some form of suicide prevention training since 2015.
- Percentage WTE of target teams trained as at March 2018 is 50%.
- Consideration is currently being given to employing dedicated trainers and mandating training.
- Consideration also needed as to how to increase attendance by target group.
- Consideration to be given to a review of training records
- In addition, 14 Contact Centre staff trained in Suicide Awareness

#### Has the priority been achieved?

The Trust has partially achieved this target.



### 3.1.1 Safety

### 3.1.2 Experience

### 3.1.3 Effectiveness

**Quality priority:** To ensure that all patients on an End Of Life Care Pathway have a personalised care plan in place.

**Data source:** ?

**National Definition applied:** ?

**TARGET 1 :** During Q1, the Trust will undertake an audit of the number of patients identified as on an “end of life” pathway who have a personalised care plan in place.

**TARGET 2 :** During Q4, the Trust will undertake another audit of the number of patients identified as on an “end of life” pathway who have a personalised care plan in place and will have achieved an increase in the number.



#### Why did we set this priority?

All people irrespective of diagnosis who are recognised as approaching the last year of their life should have an integrated approach to their end of life care, aligned to external organisations and services. Every person identified at end of life should be offered the opportunity to discuss, plan and record their preferences for care, inclusive of where they wish to die.

#### During 2017/18 we have taken the following actions:

- A trust wide End of Life Group with membership from mental health and community health services has been convened
- End of Life audit standards were developed and agreed in Q1
- Audit was undertaken across community health services and mental health inpatient wards in Q2 and Q4.
- The results of the audit have been shared with the End of Life Group and Service Management teams
- The Trust wide End of Life Framework has been reviewed and revised to reflect Trust's approach and priorities in relation to supporting and delivering end of life care for adults and children
- An implementation plan has been drawn up with clear milestones for achievement of the aims and objectives laid out in The Framework

#### Has the priority been achieved?

The Trust has achieved this target. Audit in Q2 identified that the overall number of people who are at end of life was 75%. In Q4 this number was 77%.

### 3.1.1 Safety

### 3.1.2 Experience

### 3.1.3 Effectiveness

**Quality priority:** To develop and implement organisational systems to deliver the National Quality Board's "Learning from Deaths" guidance issued in March 2017

**Data source:** Patient records  
**National Definition applied:** N/A

**TARGET 1 :** By September 2017, the Trust will have developed and approved an updated Mortality Review Policy in line with the "Learning from Deaths" national guidance.

**TARGET 2 :** From Q3 onwards, the Trust will report mortality information on a quarterly (and annual) basis in line with the requirements of the "Learning from Deaths" national guidance (data to be published will be from April 2017 onwards). This will include the total number of the Trust's in-patient deaths and those deaths that the Trust has subjected to case record review; of the deaths subjected to review, an estimate of how many deaths were judged more likely than not to have been due to problems in care; and learning points.

**TARGET 3:** At the end of Q4, the Trust will undertake an audit of implementation of the Policy to assess whether processes have been embedded and are operating effectively.



#### Why did we set this priority?

The effective review of mortality is an important element of the Trust's approach to learning and ensuring the quality of services is continually improved. "National Guidance on Learning from Deaths – A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care" (National Quality Board March 2017) set out extensive guidance for Trusts in terms of approaches to reviewing mortality, learning from deaths and reporting information. Its aim was to help initiate a standardised approach that would evolve as national and local learning in respect of mortality review approaches increases.

#### During 2017/18 we have taken the following actions:

- The Mortality Review Policy was approved and is available from EPUT's website
- A full report was presented to the Board Of Directors in accordance with national requirements.
- EPUT has published three Learning from Deaths reports.
- The Trust has established processes for reviewing deaths in scope and,
- The Trust has had a review of deaths in the elderly and a review of LD deaths.
- The policy on Mortality Review and Learning from Deaths was approved by the Board of Directors in September 2017, to be implemented from October 2017. The Trust will undertake an audit on compliance with the policy after 12 months of its implementation at the end of Q3 2018/19.

#### Has the priority been achieved?

The Trust has partially achieved this target

### 3.1.1 Safety

### 3.1.2 Experience

### 3.1.3 Effectiveness

**Quality priority:** To achieve high quality family and carer engagement and involvement after the death of an inpatient or the death in a community setting which is classified as a “Serious Incident” in line with national guidance on learning from deaths.

**TARGET 1:** By September 2017, the Trust will have developed a Family and Carer Engagement and Involvement Policy which will include how families and carers are involved after the death of a patient who died in in-patient services or the death of a patient in a community setting which is classified as a “serious incident”.

**TARGET 2 :** By September 2017, the Trust will design appropriate mechanisms of seeking feedback from families and carers in terms of their engagement and involvement following the death of a patient in in-patient services or the death of a patient in a community setting which is classified as a “serious incident”.

**TARGET 3 :** The Trust will implement these mechanisms and undertake an audit through Q3 – 4 to establish the position in terms of the effectiveness of engagement and involvement, aiming to achieve a target of 100% of families / carers of patients whose death was in in-patient services or classified as a serious incident indicating that they were satisfied with their engagement and involvement after the death.

**TARGET 4 :** The outcomes of the Q3 - Q4 audit will be assessed and actions agreed that could be taken to achieve improvement for on-going monitoring.



**Data source: ?**

**National Definition applied: Yes**

#### Why did we set this priority?

Dealing respectfully, sensitively and compassionately with families and carers of a deceased patient in line with national guidance on learning from deaths in EPUT is crucially important. The Trust is committed to engaging meaningfully and compassionately with bereaved families and carers in relation to all stages of responding to a death. We believe the following principles are key to ensuring true engagement and involvement with families and carers:

- To treat them as equal partners following a bereavement.
- To ensure they always receive a clear, honest, compassionate and sensitive response.
- To ensure they receive a high standard of bereavement care which respects confidentiality, values, culture and beliefs including being offered appropriate support.
- To ensure they are informed of their right to raise concerns about the quality of care provided to their loved one.
- To ensure their views will help to inform decisions about whether a review or investigation is needed.

- To ensure they receive timely, responsive contact and support in all aspects of an investigation process, with a single point of contact and liaison.
- To ensure they are partners in an investigation to the extent and at whichever stages that they wish to be involved as they offer a unique and equally valid source of information and evidence that can better inform investigations.
- To ensure those who have experienced the investigation process will be supported to work in partnership with the Trust in delivering training for staff in supporting family and carer involvement where they want to.

**During 2017/18 we have taken the following actions:**

- The Family / Carer Involvement Protocol was approved by Executive Team in September 2017.
- An implementation action plan has been developed and approved by the Mortality Review Sub-Committee which is on track to deliver all actions by the specified timeframes
- Questions to obtain feedback from families and carers on their involvement and engagement have been implemented and incorporated as part of the Family Liaison Officer (FLO) role.
- A Bereavement Support Booklet has been developed by the Trust with the aim of providing enhanced information and support for bereaved families and carers.
- An audit has been undertaken and an analysis of responses to questions was undertaken in Q4 and will be reported to the Sub-Committee in April 2018 with details of actions to be taken if required.

**Has the priority been achieved?**

The Trust has achieved this priority



### 3.1.1 Safety

### 3.1.2 Experience

### 3.1.3 Effectiveness

**Quality priority:** Physical Health of Mental Health Patients and early warning systems for deteriorating patients

**TARGET 1:** During Q1 the Trust will review the physical health monitoring tools in place across the Trust, standardise and deliver training on the agreed tool.

**TARGET 2:** During Q2, the Trust will undertake an audit of physical health and early warning systems for deteriorating patients and agree appropriate outcome measures to achieve by the end of Q4.

**TARGET 3:** At the end of Q4, the Trust will review performance against the agreed outcome measures.

**TARGET 4:** The Trust will consistently achieve the following targets in terms of patients with psychosis receiving a cardio metabolic assessment from Q1:

- Inpatients 90%
- Early Intervention in Psychosis patients 90%
- Community patients on CPA 65%

**TARGET 5 :** The Trust will consider how to implement a sustainable process which ensures that all patients with psychosis receive a cardio metabolic assessment and will set stretch targets for the remainder of the year at the end of Q1.



**Data source:** Audit  
**National Definition applied:** Yes

#### **Why did we set this priority?**

There is now a strong body of research on the interdependence of physical and mental health and integration of physical and mental health care is now a central plank in all health and care policy. This applies to the mental health needs of people with long term health conditions and persistent physical health symptoms as well as to the physical health needs of people with mental illness. Given the overwhelming evidence of physical co-morbidity in patients with mental illness we have introduced a number of measures to ensure service users with mental illness receive appropriated and effective physical healthcare interventions.

#### **During 2017/18 we have taken the following actions:**

- The MEWS have been reviewed and adopted across Trust mental health inpatient areas
- A competency framework based on *Competencies for Recognising and Responding to Acutely ill Patients in hospital* is being introduced across all inpatient areas.
- Mandatory Enhanced Emergency Skills training for registered nursing staff has been reviewed to expand the approach to the management of patients who are deteriorating physically.
- Physical health training has been incorporated to the Care Certificate and Apprenticeship programme for staff at Band 1 – 4
- The role of the physical health co-ordinator/champion is being rolled out across inpatient areas.
- Audits undertaken during Q1 and Q4 show an improvement in the completion of MEWS charts but a decrease in the numbers being escalated. This has been raised as a BAF risk



- The CQUIN submission shows that the % of patients with Cardio-Metabolic Assessment ( CMA ) and treatment , as defined as % complete Lester Tool indicator, is
  - North : Inpatients & Community 79% , EIP 6%
  - South : Inpatients & Community 58%, EIP 78%,

When these CQUIN submissions for the North are compared to data extracted from the patients electronic record ( Inpatients 99%, EIP 83%, Community 75% ), a discrepancy arises with the EIS data. However in the South the electronic data in the patients records is not sufficiently robust to support a comparison. Data is collected on eform 3.2-010CP and the following CMA rates demonstrate the level of uptake of this form, rather than the rates of CMA.

- Inpatients : 6.0%
  - EIP : 62.9%
  - Community : 16.8%
- A monthly thermometer has been created highlighting these points and will be distributed to the teams/units/services in a dashboard format via the SMG to promote compliance.
- An equipment audit has been undertaken to ensure that all services have access to the appropriate equipment to offer these health care checks.
- Equipment suites have now been supplied to all appropriate areas of the service.
- A competency audit has been performed to identify training needs across the clinical services.
- A training programme has been developed for clinicians from the results of the audit to establish a baseline knowledge with a suite of physical health care specialities for the physical health care champions. This programme has been rolled out via face to face for the PHC and has been accessed on OLM by over 700 clinicians to date. It will subject to annual review and will become integrated into the induction programmes for new staff.
- The physical health care policy has been reviewed and updated to ensure clarification of our duty of care to SMI patients and the current NICE guidelines. This is to be circulated to the operational managers to be cascaded throughout services.
- Annual physical healthcare screening is to become embedded into supervision guidelines. In some teams this is already established practice.

#### **Has the priority been achieved?**

The Trust has not achieved the target

### **Section 3.2: Examples of local service quality improvements and Trust Workforce Developments during 2017/18**

Outlined below are some examples of quality improvements that have been achieved by EPUT services during 2017/18 to provide a flavour of the diversity of initiatives we are working on and the progress we are making in improving the quality of care we provide to our patients and users. Due to the diversity and volume of services we provide, we only have room to include very brief details in this report - please do get in touch with us (contact details are at the end of this report) if you would like further details about any of the initiatives listed.

#### **Bedfordshire Community Health Services (Adults)**

- **Heart Failure** - completing recruitment and providing a county wide service to patient's with HF. There will be integrated working with the acute Trusts with development of County wide Nurse led clinics, Education and home visits
- **Parkinson's** - the exercise programme has now been rolled out across Bedfordshire working in collaboration with Parkinson's UK and the MS society. There are exercise classes with peer support, Nordic walking, Movement to Music and Pilates. Holding a Newly Diagnosed Patient Group in the South of the County in collaboration with the Luton PD Nurse. Running a three day Professionals Parkinson's Course in Mid Beds. Exploring group sessions for patients with the PD Nurse looking at Health Promotion, Medication management and Top Tips to avoid hospital admission in the North
- The **Tissue Viability Service** has launched the National Best Practice Statement on the Leg Ulcer Pathway in March, providing 5 sessions, targeting the District Nursing Teams. They have arranged both day and evening sessions in order to capture as many clinicians as possible. An additional session has been arranged, dedicated to the Band 6 nurses, at the end of March; this will ensure they can embed the training within their teams. The Tissue Viability Team will implement audits post training in order to monitor practice. Each of the sessions held include the Leg Ulcer Pathway, the Venous Leg Ulcer (VLU) Pathway, Patient held VLU passport, practical support on compression selection.
- A two month trial of an **Early Intervention Vehicle (EIV)** has been in operation over February and will end at the end of March. The EIV is staffed by a Paramedic (EEAST) and a member of the Rapid Intervention Team. They jointly attend non urgent calls for older adults in their usual place of residence across Bedfordshire who have requested ambulance response for a fall or related incident. The EIV crew assesses the individual for injuries and determine if the patient is safe to be left in their own home with adaptations or equipment as required. Either crew member are able to make additional referrals to aid the resident to remain at home and avoid an A&E attendance. The aim of the scheme is to safely care for people within their own home (including nursing and residential homes), where an acute admission to hospital may otherwise have been necessary
- **Verification of Expected Death Standard Operating Policy** has been completed and two training sessions have now taken place within the locality to enable staff to verify expected deaths for patients being seen on relevant community caseloads



- **Oral Mouth Care** Guidance for patients at End of Life have been ratified and are currently being rolled out across all teams within Bedfordshire
- **Student Nurse Placements** have now been identified within palliative care and long term conditions. This will increase the capacity of services to take student nurses
- The IPOS Framework relating to **Specialist Palliative Care** continues to be rolled out within the team. There are a number of units that it is anticipated that the team will implement and is a Nationally & Internationally recognised assessment and outcomes based measurement tool
- **Rehabilitation & Enablement** have developed competencies for Band 3 and Band 4 roles within the team. The service will be continuing with Band 5 and 6 within the coming months
- Rehabilitation & Enablement now run a one stop **Wheelchair Clinic** at Millbrook Healthcare Equipment Provider. People can now be seen at the clinic, measured for a wheelchair and receive their wheelchair all within the hour. This clinic has helped to reduce the number of patients waiting to be seen.
- A **Journal Club** now takes places regularly to which all clinicians are welcome to share, learn and develop ideas and ensure evidence based practice continues and flourishes within Bedfordshire.

#### **Bedfordshire Community Health Services (Children)**

- **Asthma Friendly Schools programme:** The project has continued throughout this year and has delivered training to all the upper schools in Bedford Borough Council and Central Bedfordshire Council. To further inform and support school staff dates have been arranged to educate and update primary school staff across the 2 council areas. The school nurses are continuing to co-ordinate the existing asthma champions in these school so that the number of asthma friendly schools can grow.
- **Future in Mind Schools project:** The school nurses continue to work closely with the CAMH school support workers and are delivering a record number of episodes of support to children and young people over age 11. Due to this integrated approach the early assessment for C&YP with mental health needs ensures that early interventions occur delivered by the right person at the right time.
- **Perinatal and Infant mental health champions:** The 11 PNIMH champions have delivered integrated training to 197 staff across services that include Health Visitors, Community Midwives, social workers, early help practitioners and children's centre staff. Further training is ongoing. Two Health Visitor champions have been seconded to work as Specialist PNIMH Health Visitors and have developed; supportive packages of training for HV's who offer early interventional work with families, pathway development on behalf of the service and group development for mothers and babies with mild to moderate depression and anxiety. The success of this secondment has enabled the

service to increase service delivery resilience, to meet latest NICE guidelines and also to ensure accurate performance and quality data is collated.

- **Bump Birth and Baby Programme:** This antenatal programme offers parent education to couples across BBC and CBC as part of a six week or condensed one day programme. Parents report improved knowledge of responsive parenting and increased confidence at managing the transition to parenthood. As a result an increase in mothers who are breastfeeding for longer alongside an improved understanding of perinatal mental health and how to ask for support.
- **Babies with milk allergy:** Health Visitors in Leighton Buzzard have taken part in a pilot project to reduce the amount of specialised infant formula milk prescribed for babies with a suspected allergy. In collaboration with the community dieticians the HV's have been trained to identify babies who cannot tolerate milk and how to manage them in the community to avoid GP prescribing and unnecessary referral to dietetics.
- **Health Visiting and School Nursing Working Agreements:** There are now working agreements in place with GP practices, schools and Children's Centres across Bedfordshire to support the implementation of the Healthy Start Vitamins Scheme. These agreements have supported good working relationships between our services and partners to ensure a seamless service is offered to families and children.
- **Websites for both Health Visiting and School Nursing:** The School Nurse website has been completed and now directs C&YP to information about local services and national websites about young people's health and wellbeing. The HV website is still in production.
- The **Nurse Led Continence Pathway** is operating successfully including workshops on toilet training for parents with children with complex needs. Referral to a specialist nurse has seen a reduction in paediatrician referrals and better outcomes for children, young people and their families. Training and support is now being rolled out for GP's and 0-19 teams to ensure effective early intervention and avoid crisis management of continence issues.
- **Health Passports** are now well established for children with complex health needs, feedback from families and other health settings has been overwhelmingly positive. Services are now looking at extending the use of health passports across children's services.
- Development of an **Integrated Autism Pathway** continues. There is now a Neurodevelopmental Disorders Specialist Nurse who has now been ADOS trained and has completed a draft nurse led pathway for review by the integrated team which includes Nurse led clinics for post diagnosis follow up.
- The Children's Community Nursing Service has **initiated Community Clinics** which provides an efficient and effective way to see more children in a child and family friendly space closer to their home, avoiding unnecessary visits to the acute units and relieving capacity issues experienced by the acute centres.

- An **ADHD assessment pathway** has been implemented at the Child Development Centre. The pathway provides support and targeted workshops for families during the assessment phase ensuring that when children and their families attend the diagnosis appointment all information is available to the paediatrician to make an informed diagnosis and avoid delay.
- The **Early Intervention Practitioner** is assessing the children that do not receive a diagnosis of ADHD, signposting families as well as supporting universal colleagues to adequately support these children and families.

#### **Bedfordshire Community Health Services (Specialist)**

- The Food First Team has **redesigned the completion of audits on prescribing of nutritional products** in GP surgeries across Luton and South Bedfordshire. The redesign has allowed the team to focus on the cost of inappropriate prescribing and support surgeries in how to develop appropriate prescribing and improve management of nutritional products.
- The Food First team have been **shortlisted for an Advancing Healthcare Award** (The Scottish Government's award for improving quality: measuring and demonstrating impact).
- The Food First team have been **shortlisted for a NICE Shared Learning Award** for using Nutrition Support NICE Quality Standards as a basis to improve management of malnourished care home residents utilising the Food First approach
- The Food First team are in the process of **updating all standard operating procedures** to ensure consistency in practice across the service.
- The Food First team are involved in the **enhanced health in care homes work** in both Luton and Bedfordshire, providing nutritional expertise for the new model of working within care homes.
- The Food First team were **awarded a PrescQIPP award** for service redesign based on the project work within Hertfordshire Valley care homes.
- The Food First team is **involved in a working group with tissue viability nurses and podiatry** to discuss a collaborative approach towards prevention of pressure ulcers and diabetic foot attacks.
- The Food First team are **reviewing the data on referrals for care homes** on a monthly basis. The purpose of this is to identify the care homes with the highest referrals numbers, the number of referrals that are inappropriate and how these care homes can be best supported.
- The Nutrition and Dietetic service have **redesigned two standard letter templates** for GP's/other professionals to improve the communication sent back to GP's and ensure actions required are easy to read. The template letter now has a prescription box at the top so that any requests can be actioned quickly and appropriately.

- The Nutrition and Dietetic Paediatric team have **piloted two milk free groups** in Bedfordshire for infants referred to enable starting milk free solids. This has resulted in shorter waiting times for receiving dietetic advice and offers the opportunity for parents to access peer support.
- The Nutrition and Dietetic Paediatric team have **designed and are piloting an infant feeding assessment tool** with the health visiting team in Leighton Buzzard to support with the identification and diagnosis of common feeding issues in paediatrics. This has led to early intervention and referrals into the paediatric dietetic service for children that need specialist input.
- The Nutrition and Dietetic HEF team have **planned a number of joint review slots** with a paediatric and adult dietitian for young people transitioning from adult to paediatric services. This supports a smoother transfer of care and provides reassurance to families that the necessary diet plans have been shared.
- Paediatric Occupational Therapy continues to deliver **parent, carer and professionals workshops** for understanding sensory issues in children and young people. These are now well established for children, young people, families and professionals in Bedfordshire and Luton. Feedback received has been positive.
- A **Community Foot Protection Service** within Bedfordshire and Luton has been implemented. Clinics provide an additional level of expertise as a means to step down complex patients from hospital podiatry clinics that would previously have remained under care there. They are managed with a treatment plan until they can be moved on to community ulcer clinics. This additional tier of clinic also receives patients from community clinics that have increased in complexity or have been static for a period of time without improvement. Here they receive a more specialist review or support. Historically these patients would have been referred up to the hospital podiatry clinic.
- **Liaison and training of DN`s and TVN`s** – In addition to education sessions, podiatrists have been working closely with community and tissue viability nurses to clarify the podiatry role in diabetic care and to work jointly where diabetic foot ulceration is being managed in the community. There has been particular benefit in joint assessments and accessing shared hard to reach patients as well as improved referral processes.
- **Development of a structured education programme** for practice staff incorporating education in diabetic foot assessment, management and risk categorisation. Measurement of effectiveness shows an average of 51% improvement in knowledge post training. A Care home training programme on diabetic foot attack and care for the diabetic foot is also delivered.
- Within **Luton and Dunstable Hospital** a weekly MDT ward round and clinic has been implemented which includes the following staff; non-medical prescribing Podiatrist, Diabetes consultant, Vascular Consultant, Orthopaedic consultant, Vascular Nurse and Diabetes Specialist Nurse. In addition there is now an inpatient pathway in place, a single point of access for new foot ulcers and daily ward rounds for diabetic foot ulcers.

- Within **Bedford Hospital** the appointment of an acute inpatient podiatrist has provided additional outpatient input resulting in more responsive care. A single point of access for new diabetic foot ulcers is also now available.
- The Podiatry Service has **improved compliance with NICE guideline NG19** from 78% to 87%
- **Children's Vision clinics** are being piloted in Liverpool Road, Luton. The children referred from the vision screening programme are seen by the orthoptist and optometrist on the same day instead of 2 separate appointments on different days.
- **EUPATCH research programme** (European Paediatric Amblyopia Treatment study for Children). Bedford is one of the leading recruitment sites for this project. This study is the first to perform a randomised controlled trial that tests whether, refractive adaptation (children left in their first pair of glasses for 18 weeks) before patching, improves the number of successfully treated children with amblyopia. To date Bedford has recruited 29 patients into this study. They are allocated into 2 groups EPG (early patching group) or RA (refractive adaptation group).

#### **Bedfordshire Community Health Services (Paediatric Occupational Therapy Service)**

- **Provision of service for children with sensory processing difficulties.** A pilot study was undertaken offering a training package with supporting resources to MDT colleagues, parents, carers, and education staff that have input with children who meet the existing referral criteria of having a functional difficulty that is not in line with the child's overall development. The training was delivered with the intention of equipping those caring for or working with this specific group of children with strategies to support and improve sensory processing function. A business case has been developed with the ambition to extend this service provision offering a 3 tiered delivery programme to support a larger cohort of children

#### **South East Essex Adult and Older People's Community Health Services**

- The **Care Co-ordination Service for Castle Point & Rochford** and the **Complex Care Coordination Service for Southend** aim to significantly improve the co-ordination of health and social care services required to support those living with frailty or multiple and complex needs to maintain their optimum level of independence and wellbeing, through the provision of effective and coordinated services in the community. The service works closely with patients in a strength based way, supporting them to access services and resources in their local communities. The teams comprise of staff from a range of health and social care backgrounds, including Age UK, Pharmacists and local authority seconded Care Navigators. The services work closely with local GP practices and partner agencies, focusing on ill health prevention and addressing any social issues through early intervention and support. 100% of patients are contacted within 7 days and 95.6% have a care plan within 6 weeks.
- We have established 8 **Integrated Neighbourhood and Locality Teams** across South East Essex. Regular integrated design team meetings take place in each neighbourhood/locality, with good engagement of front line staff from a variety of practitioner backgrounds. The staff leadership and activation approach adopted has

shown success in creating a new culture of improved understanding and increased trust amongst staff groups. The teams have identified the future vision of staff practice, which is strong on collaboration, proactivity and supporting individuals to draw on their own expertise and skills.

- Team members identify the needs of the local population of their area, design local solutions and collaborate to put these into place. The Raleigh Integrated Team held a 'Partnership Well-being Event' on Rayleigh High Street on 25 October 2017, with involvement of the Fire Service, Nurses, Social Workers, Community Agents, Tendering Careline, Ace Lifestyle and IAPT. Residents reported being previously unaware of the range and breadth of support available. Staff also learnt about other services to share with future clients they work with. The East Southend Team will be running a similar event on 27 April 2018.
- The Benfleet team launched its first Benfleet public and patient newsletter. It will be circulated to all health and social care clients as well as patients of local surgeries via practice managers. The first newsletter edition focused on how people can keep well over winter, and was well received by patients and practices. The West Central Southend Team undertook targeted carers promotion during national Carers Rights Week, which led to new carers being identified.

The innovative and successful work of the South East Essex Integrated Neighbourhood and Locality Teams has been recognised widely. They won the Essex You Make a Difference Partnership Working Award (2017) and highly commended for Effective Care EPUT Quality Award (2018).

- One of the core functions of integrated teams is to deliver **neighbourhood/locality proactive care MDT meetings**, to case-find and support people with moderate care needs to deliver a proactive model of care. In 2018 315 individuals have been supported in a new, improved co-ordinated way by local staff and agencies to keep them well and independent in a proactive holistic approach. Individuals are now signposted to a range of wrap-around services such as befriending, Community Agents and DWP to reduce social isolation, receive practical help (e.g. small repairs and equipment) and maximise their income to improve their quality of life and remain independent in the community for as long as possible. Staff working from different organisations have developed positive relationships and worked enthusiastically together delivering innovative developments targeted to each local area.
- Since January 2018 the **Community Occupational Therapy Team** has been working with the East of England Ambulance service on an Early Intervention Vehicle project. The aim of this project is to reduce the number of admissions to hospital following a patient's fall at home. The Occupational Therapist and Emergency Care Practitioner respond to targeted 999 calls, the immediate medical and therapy needs are addressed and equipment provision arranged together with advice and support and signposting to other support services. To date there has been a significant drop in the numbers of falls cases being conveyed to A and E.
- Full implementation of the **Integrated Diabetes Service** from its commencement in January 2017 with joined up care planning with Podiatry and the consultant led service integrated within a unified SystmOne care record. Upscaling of structured Diabetes

Education programs with increased venue sizes to facilitate patient's carers to attend training days. Pending SLA sign off for the Integration of Clinical Psychology a pilot project for 12 months aimed at improving education take up from patients identified in need of support. The service has now a fully trained compliment of DAFNE Type 1 Diabetes educators and provides all its training from the service. The service has expanded its Dietetic team in 2017 providing holistic management.

- The **TB Service** presented on the TB Essex Conference day and received good feedback. Cohort reviews; this is when we have to feedback to an outside reviewer, Public Health England, (consultants, CCDCs and nurses), and all the TB nurses and clinicians across Essex. We have to present every case of TB notified on the previous year, held every quarter, on the patients journey from symptoms to diagnosis and treatment completion, including screening contact outcomes. We have identified that some patients have a very lengthy journey from symptoms to referral and the outcome from that is for us to identify GP surgeries and contact them for TB awareness sessions in the hope to improve their knowledge and speed referral processes. A recent paediatric audit, held at Southend Hospital. Looking at the compliance of screening and processes with relation to the NICE TB guidelines has identified an improvement in compliance since the last audit in 2014. All children from 0-16 years of age identified requiring treatment from South West, South East and Mid Essex are referred to Dr Ranasinghe at Southend Hospital as the lead paediatrician for TB in the area.
- **The Tissue Viability Team** has commenced a monthly education sessions to all community teams delivering education in key assessment and treatment of wounds. This has been well attended and will continue throughout 2018. Stop the Pressure, Pressure Ulcer Prevention day was undertaken in autumn 2017 attended by many of the integrated teams including student nurses. The service has developed a wound care Education poster to improve the identification of wounds. Implemented Tissue Viability Specialist Nurses to individually work across both CCGs and Adult Community Teams to facilitate improved professional relationships and promote early intervention and referral. Extra training and support sessions have been arranged monthly with the integrated teams with a view to more individualised and multidisciplinary support.
- **The Heart Failure Service** for EPUT in the South East has been successful in the bid for QUIP funding and development of the service to improve the care for patients and reduce admissions to secondary care. From the 31<sup>st</sup> March the following development of the service will commence in a phased implementation; Intravenous Diuretic Therapy for patients in their home, expansion of the service to include a wider all causes of heart failure.

### South East Essex – Children's Services

- Our Essex wide immunisation services have implemented a targeted programme to improve immunisation uptake rates for **school aged immunisations programmes** for pupils in Thurrock. Thurrock typically has the lowest immunisation rate in Essex across all immunisation programmes, signifying that additional barriers must be overcome to reduce the health inequalities that this poses. The teams targeted and personalised approach to service delivery resulted in a 10% increase across the bottom 10% of school for the childhood flu programme.



- Over the past year the **paediatric diabetes service** has commenced delivery of a pump service. The feedback from clients has been extremely positive demonstrating a very positive effect on children and young people's control of their condition. Early indications are that there is a significant improvement and stabilisation of blood sugar levels. The paediatric diabetes services is an integrated service which early this year won an award for innovation from SHUFT
- The **paediatric speech and language service** has developed a bespoke SLT website and Facebook page. The website has put in links to YouTube where staff have filmed and posted examples of how to support a child with their speech and language therapy. All parents are signposted to the website are increasingly communicating with the service through these mediums. We have examples where immediate support has been offered to families including when a parent made contact saying that he communicated with his child using Makaton but needed to know a particular sign for a concept. The service was able to film the sign and post back within a couple of hours of being contacted. There are weekly posts around how to support and improve your child's speech and language.
- The **Family Nurse Partnership** service is continuing its work with the National Unit. Currently we are trialling FNP ADAPT which is testing new ways of delivering the service and personalisation to ensure the programme is more targeted and focused on client's needs. The clients and staff are enjoying this work and we are awaiting formal evaluation.
- Children's services are working very closely with the **Southend 'A Better Start' programme** delivering a number of programmes. We currently second someone into the project manager's post and delivering a range of services which include early support and education around speech and language development, infant feeding and nutrition, and expansion of the FNP programme. Utilising a co-production approach with parents we hope to shortly be delivering two further services which include a perinatal mental health visitor and additional interventions completed by health visitors at three months to families living within the ABS area supporting and giving advice around nutrition and healthy eating.
- We have supported the development of the new **MASH+ team** by providing health visitors to work with SBC's front door team to improve the identification and assessment process of children in need of safeguarding. The pilot commenced in December, and early indications are that this new team is improving the assessment and identification process and communication between the local authority and health.
- Our immunisation team in Bedfordshire (covering Bedfordshire, Milton Keynes and Luton) have completed the first year of a project to increase awareness of the childhood flu vaccine in Luton. The selection of schools was chosen following the poor return rate of consent forms in the previous school year. The team worked collaboratively with the Midlands and East Public Health England Team and the head teachers at the selected schools. This year saw an increase in the uptake from between 11%- 20% last year, to 15%- 33% this year. The parental responses also increased from 11%- 30% last year, to between 42%-66% this year.

## West Essex Community Health Services

- **Musculoskeletal (MSK) Physiotherapy Service** began to provide First contact Physiotherapists within the North Uttlesford GP practices. This commenced in December 2017 with a staged roll-out progressing to 4 full days per week at Gold Street, Crocus, Newport and Thaxted GP practices and 1 session a month at Steeple Bumpstead surgery. The physiotherapists will provide specialist assessment and management at the first point of care for patients. This will support:

- Patients to be seen by the most appropriate clinician at the right time
- Patients to self-manage appropriately their MSK condition and pain
- Increase capacity for GP's to see patients who need to see a doctor
- Reduce unnecessary diagnostic tests (x rays, ultrasound)
- A reduction in waiting times for community MSK
- Ensure patients who require specialist consultant support are appropriately referred
- GP's to manage MSK conditions in the community with shared learning from the MSK physiotherapists
- Reduce the need for patients to be prescribed pain medication which may have side effects

In addition the MSK service will be implementing electronic patient records which will improve the quality and speed of communication between providers, reduce the information governance risks associated with paper notes and reduce costs incurred by paper notes including archiving.

- The **Rapid Intervention Service (RIS)** commenced on the 6<sup>th</sup> November 2017 to support all 10 Harlow GP practices in supporting urgent/crisis care management in the community. This service provides rapid assessment/diagnostics/clinical interventions for patients who become acutely unwell or who may be at risk of rapid deterioration in order to prevent an A&E attendance and/or unplanned admission to Princess Alexandra Hospital. The service is delivered by an emergency care practitioner (ECP) supported by an AHP (OT or PT) and the Single Point of Access (SPA) with the aim of:
  - Supporting patients with a non-life threatening condition to be treated safely at home who would otherwise be conveyed to hospital
  - Undertaking rapid clinical assessment/diagnostics
  - Providing assessment of minor illness and minor injury
  - Responding to acute exacerbation of long term chronic conditions with GP support (or substituting clinician where this is required) so that the patient has access to diagnostics, treatment and care

To date, feedback from GP's, Patients, ECP and therapy have been extremely positive.

- **Discharge to Assess Pathway for patients has been introduced in West Essex**, the aim is to support patients to return **home first** after an admission to an acute or community hospital following a period of ill health

For patients who require ongoing nursing care and support, the community services are supporting patients as they recover by working in a multidisciplinary way across both health and social care. This way of working will support patients to navigate the

complex health and social care system, reduce duplication of assessment and improve the patient journey.

Patients are then able to receive a holistic overview of their needs and are discharged home with the most appropriate care plan to meet their individual needs.

This integrated way of working between health and social care is supporting system flow from acute hospital and community hospitals. We are working closely with the West Essex Clinical Commissioning Group to achieve the NHS England target of 85% of Continuing Health Care assessments to be completed in the community outside of the acute hospital setting providing a more appropriate setting for the assessment to be undertaken with the patient and relatives.

▪ **50 day mental and physical health challenge at St Margaret's Hospital.**

Providing physical healthcare for patients who are being treated for mental illnesses can be challenging within a mental health setting. So the physical health team based at St Margaret's and mental health team from Roding and Kitwood wards decided to work more closely together.

From 1 November to 20 December 2017 the physical health team and the mental health team at St Margaret's Hospital tried a new initiative of working more closely together. For 50 days, the teams worked together to manage physical health problems of mental health patients. Likewise, patients with physical health conditions who experienced mental illness had prompt access to mental health professionals. The challenge went so well and therefore did not stop at 50 days and continues.

- The **West Essex Single Point of Access (SPoA)** has expanded this year to provide a joint physical, mental health and social care entry point in to integrated health and care services in West Essex. Co-location of services and functions within the SPoA has promoted closer integrated working and has improved communication between services caring for patients/carers in west Essex to support the improvement of the patient/carer experience whilst receiving care and support.

### **Learning Disability Services**

- The LD In-patients Service and the LD Intensive Support Team have recruited to the first joint post within the Service. The Band 5 Nurse works between both of the services, ensuring a robust and consistent approach towards and following discharge from the ward.
- The MDT within the LD Service has introduced and implemented Positive Behavioural Support plans for all patients. This is a multi-component framework for developing an understanding of the behaviours displayed by an individual, based on assessment of their environment and the broader context in which it occurs. It is very much focussed on the individual, and is used to develop, implement and evaluate the effectiveness of a personalised system of support that enhances the quality of life outcomes for an individual.
- The LD Psychology Service – the trainees on placement with the Service have provided sessions throughout the year for LD staff around Autistic Spectrum Disorders. This has

been available to in-patient and community staff, and has further developed the quality of the service provision to individuals within this care group.

- LD Physiotherapy Service – this Service has developed a pathway for those individuals who attend specific hydrotherapy sessions. This pathway looks at developing an individual to access seated exercise in sports sessions within sport sessions/swimming in community sports centres. This pathway is aimed at enabling service users to develop skills to attend ordinary community leisure activities.
- The LD Clinical Lead for Community has recently qualified as a Non-Medical Prescriber and is working with the LD Medics to introduce a pathway for those identified as suitable for reduction or withdrawal from antipsychotic medication as part of the STOMP programme. An expression of interest has been made to ASTONOD (company name) to participate in a development opportunity for team leaders keen to develop the programme further. This is being run in collaboration with NHS England and, if successful, we will be notified in early April.

### **Mental Health Older Adult Services**

- Older Adult services are working to reduce the patient's length of stay within our assessments ward Meadowview, Maple, Beech and Gloucester. A Discharge Co-ordinator has been assigned to each ward to work on the patients discharge from the point of admission. The Discharge Coordinator works closely with the Named Nurse to ensure that all notifications to Social Services and the Care Co-ordinator are processed. They can prepare paperwork for the aftercare panels which enables a decision on care can be made immediately and effectively. The length of stay has fallen for the majority of patients and the ward capacity can now be reviewed.
- Medication omissions have been reported on our Datix System and it allowed for accountability and responsibility of the administering nurse to review their practise and receive extra coaching if required. This has greatly reduced the amount of errors and increased the patient safety factor.
- Support workers are often the discipline who undertakes the patients' levels of observations. There has been a coaching and information provided to the support workers to improve the quality of reporting on the observation sheets. There will be an increased understanding of the importance of accurate reporting.
- The Ward Managers provide the Matrons with weekly assurance on care plans, temperature control of fridge/clinic room, controlled drug audit, single sex breaches, and daily check of medication cards. In turn, the Matrons give assurance as to whether the ward is welcoming, the resuscitation equipment is checked, whether a care plan audit has been recorded on a monthly basis. The ward manager also reports how many patients the ward has suffering with Diabetes and the Matron ensures there are robust care plans in place.
- Matrons are producing a monthly Matrons Memo which informs staff of any recruitment process, lessons learnt, infection control initiatives and any other interesting news.

- The wards have been supplied with a dementia package computer system where the patients/residents favourite playlist of music/TV programmes/ movies can be stored and used as a means of enjoyment and/or distraction.

### **Mental Health Adult Emergency Care & Inpatient Services**

- Work has been underway to develop a new pathway for inpatient services to have an Assessment Unit in the North of the trust as it is already in the South. Peter Bruff Unit in Colchester has been identified as the location for the new Assessment Unit, and all informal admissions will be referred to them in the North or Basildon Assessment Unit in the South where they will undergo further assessment of their needs. All referrals are gate kept by the Home Treatment Team. Assessment should ideally not take longer than 72hrs to complete, with the outcome that the patient will either be discharged from there or be referred for a treatment bed. Medical assessments should take place over 7 days a week.
- Crisis Resolution Home Treatment Teams as being separated out with the Crisis part being managed by Community Mental Health Services and the Home Treatment part being managed by Inpatient Services. The Home Treatment teams will work closely with our Assessment Units and in-reach on the wards to look at alternatives to admission and aid flow and capacity. They also gate-keep all referrals.
- There has been development of a Flow and Capacity Lead role who has responsibility for looking at delays in movement through our wards, and addressing any issues that arise in this respect. She manages a team of Discharge Coordinators and assists the Bed Managers with decision making about allocation of beds. The Flow and Capacity Lead also looks to repatriate any patients at the earliest opportunity who have been placed in out of area placements and looks to avoid this practice wherever possible.
- Our RAID Teams in the South of the trust have been given funding for further development of the service to Core 24. Recruitment has been underway with the introduction of new grades of staff into the teams, and higher staffing numbers and wider MDT cover. This will allow them to provide brief evidence-based interventions with short-term follow up if required including psychological therapies. This enhances what they already were providing.

### **Mental Health Community Services**

#### **Eating Disorders (South Essex)**

- MANTRA: one of the team members has recently trained in this therapeutic approach and attends supervision specifically for this. This approach is recommended in NICE guidance.
- Carers Group: the service is to offer two Psychoeducational groups a year and monthly carers support group.

## **Thurrock First**

- Over the last two years, EPUT, NELFT and Thurrock Council had been working on a proposal “Thurrock First” which would be a Community Health, Community Mental Health and Social Care information, advice and assessment service, jointly funded by the three providers.
- The vision was to develop a high quality integrated health and adult social care information, advice and assessment service focussed on prevention and signposting, and delivered locally to the residents of Thurrock. It was recognised that people accessing services can present with complex conditions that cross the divide between physical and mental health, and social care. The aim was to create a single point of entry for each person to meet all their needs.
- The new service was launched in November 2017 and has been commissioned for a year. However, due to its success it is expected to be commissioned further to improve access to the service.

## **Intensive Outreach Team (IOT)**

- The Intensive Outreach Team (IOT) was introduced in April 2017 within Community Mental Health Services with the aim of providing the service to patients residing in South Essex and Southend.
- The IOT offers a multi-disciplinary pro-active and comprehensive service to people suffering from severe and enduring mental illness that have complex needs and have demonstrated that they are unable or unwilling, to engage with other community mental health services.
- A critical feature of the IOT service delivery is that of a “unified team approach”. All IOT staff know and work with all IOT patients.
- The IOT works with patients within a model of care that aids recovery and enables them to return to their full potential in day to day life. In particular the aim is to:
  - Improve the patient’s engagement with services
  - Reduce hospital admissions
  - Reduce the length of stay when in-patient care is required
  - Increase stability and quality in the lives of patients and their carers/families
  - Improve social functioning

## **Mid Essex Access & Assessment and Home Treatment Team**

- Access and Assessment are working with colleagues at Broomfield Hospital to develop shared care and contingency plans to reduce the requirement for attendance at A&E

## **Mid Essex Specialist Mental Health Team**

- A telephone hub room has been created at the C&E centre to move the telephone function from the reception area. This will improve call waiting time for callers

### **Mid Essex Specialist Psychosis Team**

- Polar Speed system introduced into Specialist Psychosis team, this has reduced the expenditure of around 20% of pharmacy costs for Risperidone Consta and Paliperidone depot injections. Teams receive medications direct from supplier, so the cold chain is maintained for storage, which increases the longevity of the medication
- A weekly zoning meeting commenced in Specialist Psychosis team in February 2018, the aims of this caseload management system are to provide assurance, discussion by MDT of individual cases where there is instability, unblock delays in discharge from inpatient wards
- CAARMS (comprehensive assessment of at risk mental state) tool implemented in Specialist Psychosis team as part of the EIP pathway. Train the trainer model in place to provide sustainability of model

### **SIM Project – Mid Essex CMHT**

- A collaborative two year project called SIM Essex is commencing on 30<sup>th</sup> April 2018 in the Recovery Team, a Police Officer will work with mental health practitioners to provide mentorship to improve outcomes for service users in relation to patterns of behaviour

### **Mental Health Forum – Mid Essex CMHT**

- Mental Health forum developed in the last 12 months, which is attended by Essex Police, STaRS and the antisocial behaviour officers of local district councils to review complex cases with a multi-agency approach. Forum has strengthened community networks and increased knowledge and working relationships

### **THINK AHEAD Programme – Mid Essex Specialist Mental Health Team/Social Care**

- Collaboration between Specialist Mental health team and the Social Care THINK AHEAD programme, supporting the training programme for social care students. Two students are now in permanent positions in the SPT, with a further 4 undertaking their training this year. The team are in discussion with York University regarding participation in a research project attached to the THINK AHEAD programme.

### **Nurse Prescriber Clinics – Mid Essex Recovery Team**

- Nurse prescriber clinics have been set up at in the Recovery Team to release medical time for response to urgent cases

### **Improved Carers Support – Mid Essex Recovery Team**

- An improved system for providing support to carers, is being piloted in the Recovery Team, this has been developed with the Carers Support Lead, and has resulted in targets for carers assessments being exceeded in Mid Essex



## Therapy For You IAPT Service

- The service has increased patient choice and access to therapy by engaging with a new partner, IESO, offering online CBT delivered interactively online. Through the use of written/typed conversation, therapy is offered by accredited and highly-qualified therapist in a secure virtual therapy room at a time and location that is convenient for patients including the offer of 'out of office hours' appointments at evenings and weekends.
- The service has also completed Phase 2 of its online mobile therapy options with the inclusion of new courses such as Mindfulness, Self-Esteem and Post Natal Depression. These options are available 24/7 via website and from all platforms enabling patients to access at times that it is convenient for them.
- The service is working to integrate with our physical health colleagues to meet the needs of patients with long term health conditions. Our first co-facilitated Diabetes course is due to run next month.
- One of our therapists with a special interest in physical health and developed a course that integrates psychological wellbeing with physical wellbeing. A sports centre in Southend has become our partner and has offered space from within the centre to run the courses and enable the patients attending to access free gym sessions. Following this pilot, the service hopes to link with other local sports centres to roll out the programme.

## Development and Launch of SEE Recovery College REACH

- **AN initiative has been launched to help improve the lives of people with mental health conditions.**
- REACH (Recovery, Empowerment, Achievement, Community and Hope), the South East Essex Recovery College, was launched at an event on 24 January 2017 which was attended by EPUT staff service users, practitioners, supporters and Mayor of Southend, Councillor Judith McMahon.
- EPUT mental health services were instrumental in highlighting the need for local Recovery Colleges, and EPUT mental health have continued to be a key driving force in the development of REACH and continue to be an active consortium partner in REACH.
- **REACH** is the South East Essex Recovery College. It's an environment where people with lived experience support one another to a better way of life. REACH creates opportunities to learn in a safe and supportive environment and to apply learning in daily life. It also includes lots of opportunities for people to share their experiences and connect with others who understand what it's like to be living with a mental health condition.

### **REACH includes:**

- **Courses** designed and reviewed by people with a lived experience of mental health to support the development of skills. Each course has a taster session and a chance to meet the tutor. EPUT Community mental health staff are directly involved in co-delivering a range of courses within the college something we continue to build on year on year.
- **Recovery Coaches** are allocated to work with each student once they have enrolled.

- **Student Support** is designed to support you to take the steps to get you to the courses and implement those skills in your life. We appreciate just how difficult it is to start something new and how tricky it can be to learn new skills and implement them in your life.
- **Student Union** is an informal network of peers; it provides opportunities to meet other people going through similar things and helps to develop social networks with other students.
- The **REACH** pilot is currently being evaluated by Anglia Ruskin University and students will be asked to give feedback on the impact of their involvement in **REACH**.

## Perinatal Mental Health Services

- The previous South East Essex Community Perinatal Mental Health Services were successful in clinically leading a joint bid with North Essex Partnership Trust colleagues and Mental Health Commissioners to submit a successful bid for up to three years additional funding, from 2016/17–2018/19, focused on expanding existing specialist community teams or developing small new teams. NHS England has committed to fulfilling the ambition in the Five Year Forward View for Mental Health, so that by 2020/21 there will be increased access to specialist perinatal mental health support in all areas of England, allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it. EPUT were delighted to be successful with a bid which equated to 1.3 million additional investments coming into the Trust to develop an Essex wide Specialist Community Mental Health Perinatal Service. The service is now well underway and already attracting National Recognition for its innovative approach to service pathway development. Key features of our new specialist perinatal mental health service in Essex are:
  - Expansion of the existing South East Essex Hub across South West
  - Development of a new North Essex Hub
  - Working closely with Rainbow Mother and Baby Unit
  - Developing a co-production model
  - Contribution to emerging perinatal evidence and service models through research
  - An outstanding service for newly merged Trust
  - Equitable specialist community PMH services across Essex
  - Flagship service to contribute to national learning
  - Supporting development of pathways in the wider system
  - Use of digital technology in reaching mums
  - Increasingly accessible venues for mums and babies
  - CCQI Accreditation

## Early Intervention in Psychosis

- First episode of psychosis is the term used to describe the first time a person experiences a combination of symptoms known as psychosis, where a person's perception, thoughts, mood and behaviour are significantly altered. A range of common mental health problems such as depression and anxiety, and coexisting substance misuse may also be present.
- First episode psychosis occurs most commonly between late teens and late twenties, with more than three quarters of men and two thirds of women experiencing their first

episode before the age of 35. This means that areas serving younger populations (e.g. areas with higher education colleges and universities) may have higher rates of psychosis; a small proportion of people will also experience an onset of psychosis before the age of 16 years, with an additional peak in incidence in women in their mid-to-late 40s.

- There are significant personal, social and health impacts of psychosis when treatment and support is not effective. People who do not access effective treatment quickly are far more likely to experience poor physical health, lower levels of social functioning and poorer occupational and educational outcomes and thereby leading to costly and lengthy use of system services.
- In 2011, 'No Health without Mental Health' highlighted the effectiveness of EIP services for people experiencing first episode of psychosis. There is good evidence that these services help people to recover and gain a good quality of life. EIP services have demonstrated that they can reduce the rate of relapse, risk of suicide and number of hospital admissions. They are cost effective and improve employment, education and wellbeing outcomes
- In October 2014, NHS England and the Department of Health jointly published 'Achieving better access to mental health services by 2020', outlining the first set of mental health access and waiting time standards introduced during 2015-16. These commitments were later reaffirmed in the 'Government's mandate to NHS England for 2016-17 and included as one of the nine "must do's" for the NHS in the 'NHS Shared Planning Guidance for 2016-17-2020/21.'
- This saw the introduction of 'The early intervention in psychosis access and waiting time standard' from 1st April 2016 with the expectation that more than 50% of people experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral. The Trust is achieving these new targets across all of its EIP service both in the north and south of the Trust.
- In the south of the Trust in Thurrock we have worked collaboratively with commissioners, and another provider 'Inclusion' to develop the first mixed provider model of EIP services in the Country. This new model of service delivery aims to bring together expertise of a range of providers, third sector organisations and a wide range of community assets to significantly improve the 'offer' to people with first episode of psychosis and the support available to their families and carers. As this is the first time this new model has been developed in the County it has attracted a great deal of National and local interest and will likely provide the blueprint for similar alliance models across the county moving forward.

### **Integrated Working new Neighborhood /Locality Teams**

- South Essex Community Mental Health services have been actively involved in the development of the new integrated MDTs with primary care partners ensuring that true parity of esteem is achieved for people with mental health needs. The new integrated teams serve discreet GP populations and aim to break down the artificial barriers between statutory and non-statutory services in the area to achieve better health and social care outcomes for the defined population. The next stage of development will be

to further integrate mental health into primary care and develop much improved primary mental healthcare services moving forward.

## **Dementia and Frailty**

- The development of the integrated dementia intensive support service within the Mid area. This service provides intensive for those people with a confirmed or suspected dementia diagnosis; it is an integrated service which meets both the physical and mental health needs of patients enabling them to remain in their own home/place of residence, avoiding hospital attendance and admissions. The service also works with people who are admitted to either acute or mental health wards to facilitate early discharge and support the return home.
- The West Essex service dementia services have now integrated with the EPUT community services single point of access, enabling GPs to make a single call to a central triage centre, enabling patients to have a right service right place right time. Ensuring those with co-morbidities have their multiple needs met through one service response.
- In all three areas within the North of the Trust the role of the Care home Nurse has been developed to provide enhanced services for those living in care homes, improving quality, supporting care and enabling residents to remain in their own homes. The focus for the service in the NE and Mid at this time is to support the diagnosis of those residents with undiagnosed dementia to receive a diagnosis ensuring that care and support plans are appropriate to the needs of the individual.
- In West Essex the dementia and frailty services have further integrated with the neighbourhood model, this continues to be an area of ongoing development however there is clearly increased integration in the delivery of care with community primary care services.
- The West Essex community services are now delivering the entirety of adult and old age mental health services for the North Uttlesford population following a change in commissioning arrangements. This has enabled the services to deliver joined up and responsive whole pathway services more fully linked with the primary care services.

## **North East Adult Services**

- **High Intensity Users** (whole health economy) – EPUT are one of the founding members of the high intensity users group in NE Essex, meeting with the CCG, The East of England Ambulance Services, CHUFT, 111, out of hours GP service, and Community Matrons from primary care on a bi-monthly basis. The group identifies high intensity users of the services, and aims to work collaboratively to support patients access the correct local health services in a more appropriate manner by agreeing multi-disciplinary plans and effective joint working.
- **Extended hours of street triage** – The Street Triage service is jointly funded by Essex Police and CCGs across Essex, and has developed and evolved from the original service that was primarily telephone based with mental health staff and Police Officers providing a mobile response Friday to Sunday. The Team now operates between 10am

and 2am 7 days per week, and comprises of 2 Police cars staffed by a Police Officer and mental health professional. The aim of the service is to improve the response that people in mental health crisis receive, by ensuring that those with mental health needs are identified and their needs assessed as swiftly as possible in the least restrictive manner appropriate. The team is deployed upon request from Essex Police Officers who have attended an incident and are either considering using their powers of detention under Sect 136 of the MHA, or who have identified concerns about a person's mental health and their ability to cope with a crisis presentation. In Q3 of 2017-18, Police Officers only went on to detain patients under Section 136 of the MHA in 6% of the cases that Street Triage attended, and has also seen a significant reduction in Police Officers taking people to A&E. One of the CPNs (Susan Inglis) was awarded a Chief Officer's Certificate of Merit for her response at an incident where a male was on a bridge expressing intent to jump off. She was commended for her dedication, commitment and professionalism during the incident, which was resolved safely.

- **Specialist Psychosis Team Staff Training** - As well as whole team training e.g. (SBAR, CAARMS,) there are specific training events for non-registered and non-clinical staff. Non registered training involve introductory level sessions on understanding symptoms, sleep hygiene, Non Clinical staff sessions have focussed on the customer contact aspect of their role in particular dealing with difficult conversations, positive techniques to end conversations etc.
- **Clinical ABI Clinics** - (Assessment brief Intervention) Specific clinics for all First episode cases. Individuals book themselves into clinic. ABI gives rapid access to psychological interventions (as per EI guidance and national standards). Clinic consists of 4 sessions which allow assessment and formulation of individuals needs along with some CBT approaches and support. Sessions help identify the people who would benefit from longer term psychological input such as CBTp or Family interventions, but are often sufficient in their own right.
- **"Thinking about thinking group"** - Studies show people with mental health problems tend to get stuck in unhelpful thinking patterns. Group uses principles of Meta Cognitive Therapy raising awareness of unhelpful thinking patterns. Recognising when this happens promotes new ways to tackle problems
- **Bi-Polar Group** - Structured programme which helps people with mood disorders recognise their mood patterns, giving support and techniques to help people regulate their mood. Recognising the impact of stimuli, stress etc.
- **Family Intervention Clinics** - Part of NICE guidance for treatment of Psychosis and First Episode Psychosis. Clinic uses a range of family interventions such as BFT to help develop positive communication, share information and develop stress management and problem solving within the family. The clinic operates after normal office hours to assist with attendance of family members who would otherwise be at work.
- **Treatment Teams Carers Group (jointly run between Specialist MH Team and Specialist Psychosis Team)** - Structured programme aimed at people who have a caring role for a friend or family member. Structured programme with a predominantly

education based focus, backed up by a safe space to offload stress and concerns about the cared for and promote peer support. Topics include what can be medication, psychological approaches, wider community support etc.

### **Social inclusion Initiatives**

- **Breakfast club** - A weekly informal session where the focus is on social contact rather than mental health issues. A low key gathering where people can gain confidence in a social setting as well as meet new contacts and make friendships. Promoting recovery and confidence. Group regularly has 10-12 people attend with staff facilitating.
- **Badminton Group** -Weekly session on a pre-booked badminton court. Giving an opportunity to promote activity and healthy living as well as social interaction and confidence.
- **Occasional Group Activity** - Mainly occurring during the warmer months, one off activities to meet a wide range of peoples favoured activities. Bowling, nature walks, rounder's etc.

### **Health and Well-being Initiatives – Specialist Mental Team**

- **Health and Well-Being Group** - Focussing on physical health promotion, with support and information around healthy eating, diet, weight loss, Smoking etc. Acts to support physical health clinics.
- **Psychological health and Well- being – Specialist Psychosis Team** Currently under development, will focus on mental health promotion
- **GP Pilot – Colchester** – Due to commence in April 2018, a community practitioner will be based in a Colchester GP practice with high referral rate. Joint MDT working will commence supporting and working with complex cases based in the practice surgery.
- **Specialist Mental Health Team - Mental Health and Wellbeing Workshops** are run in Clacton and Colchester once a week. 8 different workshop skills:
  - Distraction Skills
  - Calming Mind Skills
  - Grounding Skills and Dropping the Anchor
  - Attention Training
  - Sleep Improvement and Physical Activity
  - Thought Identification
  - Managing Worry and Avoidance
  - Goal Setting

There are two parts to the session lasting an hour and a half, one part being exploring the skill with visual use of work book and the other part being open for those who attend to discuss any thoughts or concerns. The idea of the rolling workshop is that there is no waiting list and people can access it immediately as need is identified. People are invited via their care co-ordinator or via the duty system as relevant. Those attending a session get

an opportunity to sign up for the next session at the end of each workshop and uptake for this is good. Care co and lead professionals can have access to skill work book to revisit and reflect is appropriate

## **Specialist Mental Health Services**

### ***Secure services in Essex, Beds and Luton:***

- Fuji Ward at Brockfield House has delivered a **programme to reduce incidence of restraint and physical intervention** in collaboration with its service users. This has led to a significant decrease in the rates of physical intervention and improved service user experience. Learning from this will be disseminated through the service
- The **Recovery College** programme has seen strong participation from Service Users this year leading to a wide range of formal and vocational qualifications as well as participatory recognition for those involved. This has included NVQ level qualifications and work opportunities outside of hospital as well as excellent engagement from external agencies in-reaching to services with further innovations underway for 2018
- EPUT has launched a new county wide **Health and Justice Pathway** which brings together key elements of Street triage, Liaison and Diversion and Forensic Medical Examiner services into a single model. We are delivering this in partnership with CRG and Phoenix Futures to ensure service users who find themselves in contact with the criminal justice system receive a seamless and rapid response to any health and support needs they may have.
- Our **Veterans mental health service**, delivers in partnership with other NHS Trusts and Charitable groups to deliver support, assessment referral to ex-forces and merchant naval personnel with mental health issues across the East of England Area. The service has received national recognition for its work and has received support from the Royal Family to publicise and support the work.
- Brockfield House has actively **increased patient participation in recruitment and local induction** for secure services. Patients now assess participants in pre-interview workshops, sit on the interview panel, and deliver components of the local induction programme. The feedback from both patients and staff has been very positive.

### ***Child and Adolescent Mental Health Services (Tier 4 in-patients – Larkwood, Longview & Poplar Wards):***

- The service has made significant headway in **reducing restrictive practice** on the unit. Just a few examples include, reviewing access to bedrooms, the introduction of mobile phone handsets and reduction in the number of restraints.
- Significant work has been undertaken and completed to harmonise and adopt best practice methodologies following the Trust merger. **Referral and treatment pathways** have been reviewed and close collaboration between the units to share skills, knowledge and capacity to ensure young people needing this service are kept as close to home as possible.



- At the St Aubyn Centre **psychology and psychotherapy services** have been reviewed and are now available across 7 days per week, improving access and availability to young people in our care.
- All three wards have revalidated their **accreditation with QNIC** or are in the process of being assessed for accreditation against their best practice standards.

### **Social Care Services (Adult Mental Health)**

- The recently merged Social Care Leadership Team has created a new **Care Planning Scrutiny Panel** across both North and South Essex. This panel meets on a weekly basis so as to ensure there are less delays in provision of funded care, and scrutinises all applications due to be submitted to Essex County Council's Social Care Funding Forum and the S117 Panels. The aim of the Scrutiny Panel is to ensure that all paperwork submitted to Essex County Council and the S117 panels is of the highest quality, and to ensure as far as possible that the applications are likely to be accepted and taken forward, thereby reducing delays in the provision of care. The Scrutiny Panel also provides very clear learning for staff via a robust feedback process.
- On 1<sup>st</sup> January 2018 the new **Review and Recovery Team** was launched in the North East of EPUT, led by a Social Work Consultant in partnership with Family Mosaic. The aim of this team is to ensure that high level support is provided to service users in this area when it is deemed appropriate for them to move on. The team is able to work with these individuals intensively to ensure that their move on from residential care into either supported housing or their own tenancy is smooth and successful.
- The new **HeadsUp Service** was launched in year, in partnership with Enable East and funded by the Big Lottery Fund and the European Social Fund. HeadsUp works with people across Essex who have common mental health problems, such as anxiety and depression, and who are going through a period of unemployment. More than 90 people have already made the most of the project's free support, advice, practical tips and experiences to help with employability. A team of Peer Support Workers give one-on-one support, while practical interactive workshops help to build skills and confidence. HeadsUp are assisted by a network of Essex-based businesses and organisations who share their guidance and expertise. Where relevant, they also help to secure employment or training for participants enrolled on the programme.
- EPUT is currently supporting a second cohort of **Think Ahead** students. There are four Think Ahead Social Worker students based in North Essex who are supported by two Consultant Social Workers. We work in partnership with the Essex County Council, with our Think Ahead students undertaking placements in their children and family teams. Dr Lynn Prendergast and Lyndsey Taylor also provide training on the national Think Ahead programme on Family Group Conferencing which has proved to be very successful over the last two years. Think Ahead and EPUT will be partnering for a third year in 2018/19 with two student participant units consisting of 8 students joining the Trust.

## Workforce Development

Having the right people, with the right skills, in the right roles, at the right time is absolutely critical to the delivery of our quality aims and priorities. This section therefore details some examples of workforce initiatives that the Trust has undertaken over the past year - these initiatives have been designed to help to build the workforce of the future and upskill current staff, ensuring that the workforce is trained to the highest standards so that they can provide the safest and best possible care for patients and users now and into the future.

### **Progression Pathways and Apprenticeships and Employer Provider Status**

The national Apprenticeship Levy was introduced in April 2017. All organisations with a pay bill of over £3 million pay 0.5% of the pay bill into the Levy pot. This funding can then be used to pay for apprenticeship programmes. It can only be used to fund programmes approved by the Institute for Apprenticeships and at the beginning of 2017 there were a limited number of approved programmes for health and social care roles. However, further programmes are in development and the nursing pathway is complete now with approval of the Nursing, Assistant Practitioner, Nurse Associate and Health Care Support Worker apprenticeships.

The Trust has taken a proactive approach to use of the Levy and was approved as an Employer Provider by the Skills Funding Agency in June 2017. This means that we can deliver apprenticeship programmes in-house using our assessors and lecturers. We are now delivering the Health Care Support Worker and Assistant Practitioner programmes in house with plans for expanding to deliver further programmes in future as we get established.

### **STP Partnerships**

The Trust currently sits in four STP areas: Mid and South Essex, Hertfordshire and West Essex, North Essex and Suffolk and Bedfordshire, Luton and Milton Keynes. Working across all these STP areas is a challenge but there is a certain degree of commonality in the issues facing each area and the approaches taken.

There has been a particularly collaborative approach in the Mid and South Essex STP and we have worked across the STP to conduct joint procurement of apprenticeship programmes, working to understand the STP demand and to get competitive deals. Even though EPUT is delivering many of the apprenticeship programmes required in-house, each programme has to have an independent end point assessor so we have worked with our neighbouring trusts to purchase this through a joint procurement process.

In future, we shall be exploring how we can work collaboratively on the delivery of the programmes so that we can give an enhanced experience to our students and learners.

### **Collaborative Work on Career Promotion**

The formation of the STP and associated Local Workforce Action Board (LWAB) has given the opportunity for collaborative work in other areas as well. The organisations operating in Mid and South Essex are working on career promotion programmes with schools and colleges in the area. This work has been undertaken in partnership with the local authorities and there is increasing scope for further partnership projects.

## **The Work of the Student Facilitators**

The Trust has always valued the students on placement within the organisation as part of their professional training. We have introduced a number of initiatives over the past couple of years to enhance the student experience and to promote local employment. All students are invited regularly to student forums which give additional learning opportunities and enable students to share experiences and explore solutions to any difficulties.

The Trust has introduced new models of student mentorship and most areas now offer a coaching model where students are assigned to different members of the multi-disciplinary team for short periods to support their learning on specific objectives.

Throughout their learning time at the Trust, our student facilitators will work with the students to explore their career aspirations and to ensure that they are aware of the employment opportunities within the Trust. They will try to ensure that they are offered placements, in particular their final placement, in an area where there are job opportunities that they are interested in.

## **Newly Qualified Staff**

It is increasingly realised that newly qualified staff need additional support as they take up their new roles. The Trust Preceptorship Policy has been revised with this in mind. The new approach has meant that the preceptorship skills book has been re-written for nursing and other professions have also revised theirs as appropriate.

The new policy is also aware of the need to give an enhanced experience to our newly qualified staff in terms of the areas that they can work in and the development of their skills. The policy takes account of this by offering the possibility of rotational placements, not just within the Trust but potentially within neighbouring organisations as well in order to improve understanding of the patient pathway and to promote parity of esteem between mental and physical healthcare.

## **Leadership Development**

The Trust promotes a distributed leadership model and is keen to develop leadership potential at all levels. The Trust has invested in leadership development to support the in-house programmes and extend the access to NHS Leadership Academy courses. Additional optional modules have been added to the in-house management/leadership development programme with workshops on developing resilience and confidence building. We have also developed a new programme specifically aimed at staff in Bands 1-4 who are starting out on their Leadership journey.

In addition, Health Education England has franchised delivery of the NHS Leadership Academy's 'Mary Seacole' Programme through local trusts and this is being offered to staff at Band 7. This is a six month leadership development programme designed by the NHS Leadership Academy in partnership with global experts, the Hay Group, to develop knowledge and skills in leadership and management.

Further progression is then offered via the Integrated Leadership Programme, supported by the Mid and South Essex STP. This programme focuses on developing strategic thinking and offers learners the opportunity to take up short placements in other organisations within the local health and social care economy.

We have rewritten the Supervision and Appraisal Policy with a focus on support for aspirations and talent management. A 360 assessment tool is in development which will be based on leadership behaviours as expressed through the Trust values.

### **Harmonisation and Development of Best Practice in Mandatory Training**

The merger of the two Trusts in April 2017 provided an opportunity to consider best practice across the training curricula and to utilise the best from both organisations. This led to adoption of the TASI approach to restrictive practices – a programme which has been developed by a number of mental health trusts and follows DH guidelines. NEPT was one of the trusts involved in the development and so this enabled EPUT to adopt this when the curricula were harmonised.

Similarly, SEPT had created a network of manual handling link workers in in-patient areas to increase the expertise available. This model of manual handling delivery is now being rolled out across all areas of the Trust.

The two organisations utilised a number of e-learning programmes to deliver essential learning to staff. Harmonisation of learning following merger has enabled the Trust to increase its offer to all staff.

### **Service User Co-Production – The Buddy Scheme**

The Mental Health Buddy scheme, whereby all second year Mental Health students at Anglia Ruskin University have been partnered with a service user and given the opportunity to undertake structured discussions with them on aspects of care has continued to be very well-received. Following on from the Deanery visit in 2017 it was requested that we consider how we could offer this to other student groups. The Trust is now offering this to Occupational Therapy students. As the student numbers are smaller and their placement spans are different, the programme has been re-designed to some extent to take account of this. Initial feedback, from both students and service users, has been very positive though. We are now in discussions with Essex University to see how we can extend the programme to involve Essex University nursing students.

### **Workforce Planning for Stepping Forward**

The Five Year Forward View for Mental sets out the direction of travel for mental health services. The Trust has been looking at the changes it will need to make to service delivery, and to the workforce that supports this over the next few years.

In answer to this EPUT has drawn up workforce trajectories that will put additional workforce resources into the areas highlighted by the plan, e.g. IAPT, Crisis teams, Early Intervention. The plan looks for better support, improved interventions and improved outcomes for our service users. To support all of this we will need to ensure that we have

the right workforce with the right skills. This has meant increased focus on recruitment and retention with the Trust taking part in the second wave of trusts involved in national retention projects. The Trust retention plan has ambitious but realistic targets to support staff through a combination of initiatives.

DRAFT

### ***Section 3.3: Overview of the quality of care offered in 2017/18 against selected indicators***

As well as progress with implementing the quality priorities identified in our Quality Account last year, the Trust is required to provide an overview of the quality of care provided during 2017/18 based on performance against selected quality indicators. The Trust has selected the following indicators because they have been regularly monitored by the organisation, there is some degree of consistency of implementation across our range of services, they cover a range of different services and there is a balance between good and under-performance.

## PATIENT EXPERIENCE

### Complaints

**Data source:** Datix

**National Definition applied:** Only to K041-A Submissions to the Department of Health

#### Complaints referred to the Parliamentary & Health Service Ombudsman

During 2017/18 a total of 10 complaints were referred to the Parliamentary & Health Service Ombudsman. (PHSO)

One was upheld and the Trust was asked to acknowledge failings and make financial recompense of £500 for the impact the failings had on the complainant. The Trust was also asked to produce an action plan outlining what actions it had taken in relation to the identified failings.

Four complaints were not upheld, and the PHSO discontinued one investigation. Investigations are ongoing for the remaining four referrals.

### Complaints closed within timescales

The “% of Complaints Resolved within agreed timescales” indicator is a measure of how well the complaints-handling process is operating. The agreement of a timescale for the resolution of a complaint is identified in the NHS Complaints Regulations, but these do not stipulate a % target to be achieved. The Trust believes that commitments to complainants should be adhered to and aims for 100% resolution of all complaints within the agreed timescale with the complainant. This year the Trust has achieved 90% for complaints closed within agreed timescale.

### Non-Executive Director Reviews

An important part of the complaints process is the independent reviews of closed complaints by the Non-Executive Directors (NEDs). The complaints are selected at random each month. The reviewer will take into consideration the content and presentation of the response, whether they feel the Trust has done all it can to resolve the complaint and if they think anything else could have been done to achieve an appropriate outcome.

During 2017/18, the NEDs reviewed 45 complaint responses. The majority received a good or very good rating for how the investigation was handled and the quality of the response.

### Number of formal complaints received:

Performance Indicator	2017/18
<b>Number of formal complaints received</b>	<b>312</b>
<i>Comprising:</i>	
<i>Total received Mental Health Services</i>	<i>238</i>
<i>Total received Community Health Services</i>	<i>72</i>
<i>Total received Primary Care</i>	<i>1</i>
<i>Total received non-Operational Services</i>	<i>1</i>
<b>Number of complaints withdrawn</b>	<b>5</b>

*Please note: The figures stated in this section of the report (and those reported in the Trust's Annual Complaints Report) do not correspond with the figures submitted by the Trust to the Health and Social Care Information Centre on our national return (K041A). This is because the Trust's internal reporting (and thus the Quality Report / Account and Annual Complaints Report) is based on the complaints **closed** within the period whereas the figures reported to the Health and Social Care Information Centre for national reporting purposes have to be based on the complaints **received** within the period.*

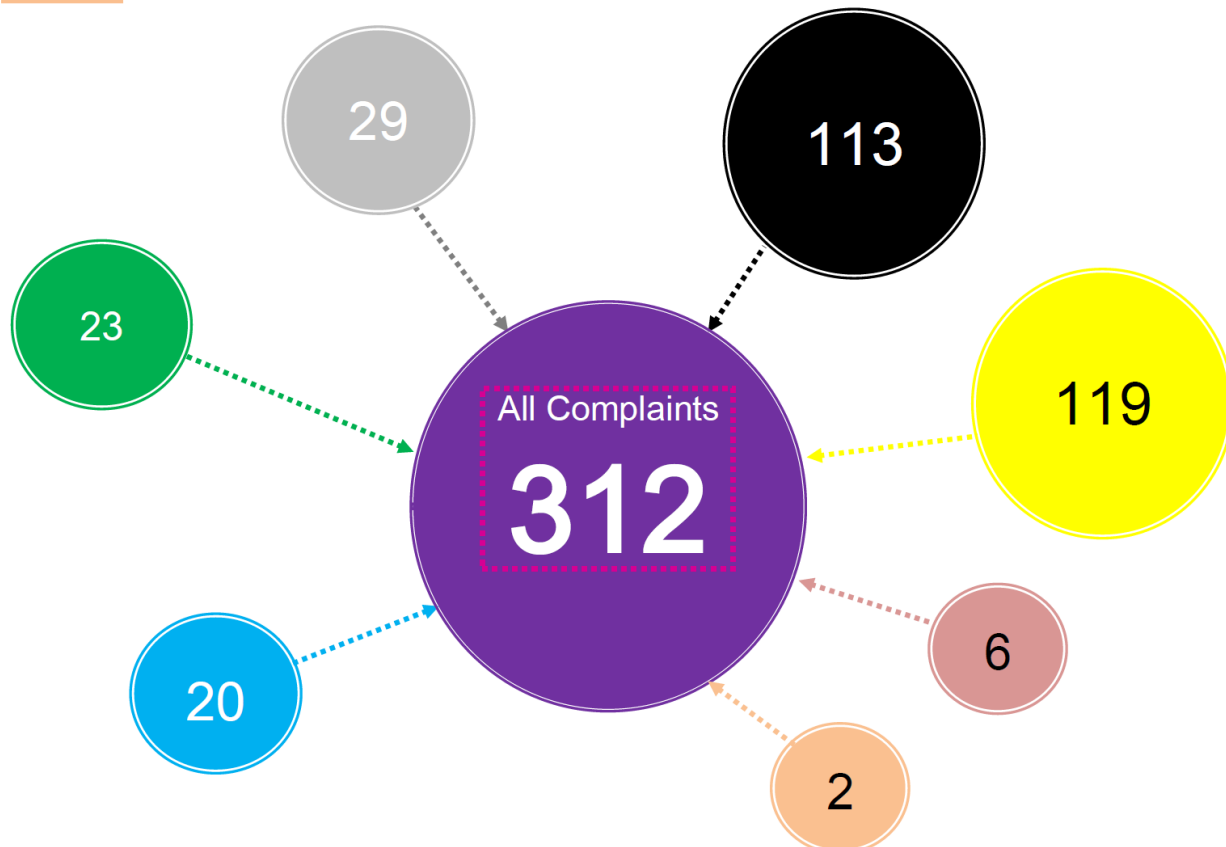
## Complaints Received by Locality and Service

### KEY:

	EPUT TOTAL
	West Essex Community Health
	Bedfordshire Community Health
	South East Essex Community Health
	South Essex Mental Health
	North Essex Mental Health
	Bedfordshire Mental Health
	Other

This diagram represents the number of complaints received by the Trust.

The complaints have been split by the locality and service that received the complaint



**Number of active complaints at year-end:** At year end, the number of active complaints was 59. All active complaints are on target to be responded to within their agreed timescale.

**Number of complaints upheld / partially upheld:** A total of 284 complaints were closed during the year.

Performance Indicator	2017/18
Number of complaints upheld	40
Number of complaints partially upheld	163
Number of complaints not upheld	66
<b>Totals</b>	<b>269</b>

A total of 9 complaints were not investigated due to consent being withheld, 1 was handled under the Trust policy and 5 complaints were withdrawn by the complainant.



***Patient Advice and Liaison Service queries and locally resolved concerns:***

In addition, the Trust received a total of 1269 Patient Advice and Liaison Service queries and 354 locally resolved concerns in 2017/18.

***Nature of complaints received:***

The top three themes for complaints for both mental health and community during 2017/2018 were dissatisfaction with treatment, staff attitude and communication. The top three themes for the Trust also apply nationally across the spectrum of health services. The table below shows the outcomes of the closed complaints for each of these three themes –

<b>Top Three Complaint Themes 2017/18</b>	<b>Total Number of Complaints Received</b>	<b>Upheld</b>	<b>Partially Upheld</b>	<b>Total Upheld or Partially Upheld</b>
Unhappy with treatment	54	4	35	39
Staff Attitude	36	3	21	24
Communication	42	9	25	34

The category 'unhappy with treatment' covers a wide spectrum. In some cases, complainants had certain expectations; however this was contrary to their clinical need. The Trust was therefore, limited in providing solutions to these complaints.

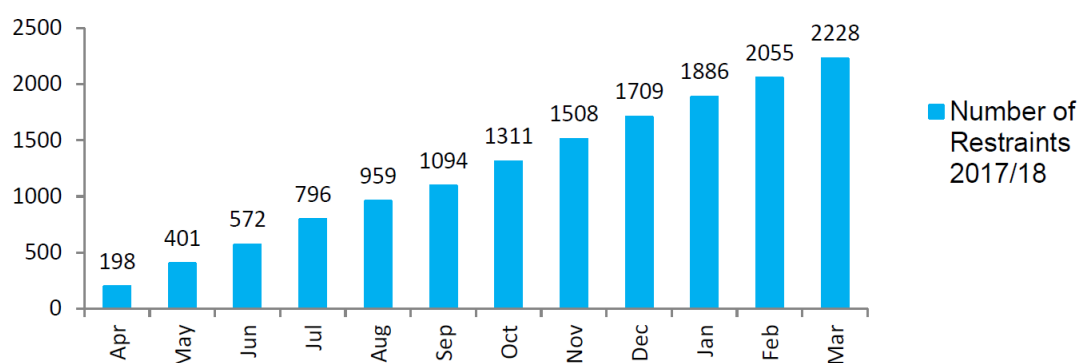
## Restraints

### PATIENT SAFETY

#### Restraints

EPUT monitors the use of restraints by inpatient ward on a monthly basis, including the reason for restraint and the type of restraint. The main reasons for restraint are anti-social behaviour, physical assault and attempted self harm. The most common types of restraint are patient standing and in supine position - prone position restraints are monitored in greater detail. The total number of restraints in 2017/18 was 2228 which is an improvement on the 2444 recorded in 2016/17 in the former Trusts. EPUT is also pleased to report that the rate of restraints per bed is lower than the national average.

#### Number of Restraints 2017/18

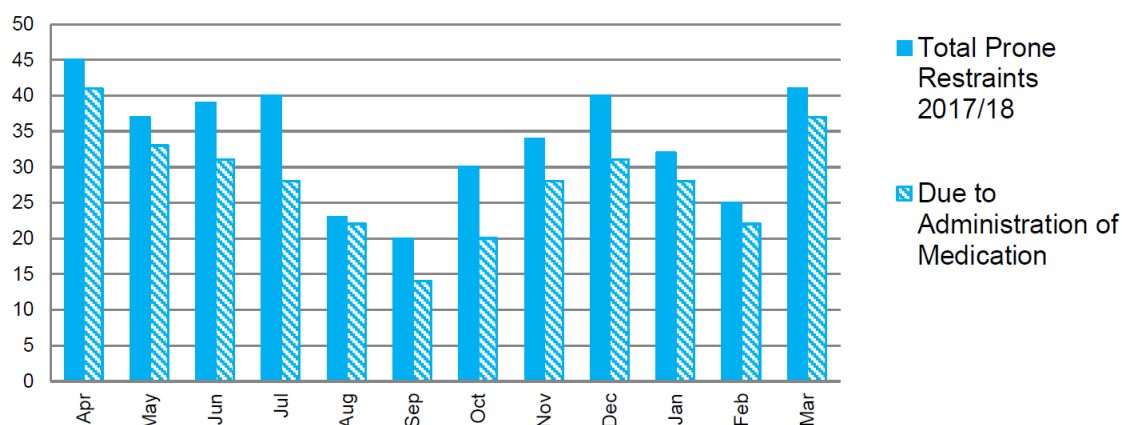


#### Prone Restraints:

The graph below shows the number of prone restraints undertaken by month and demonstrates that the majority of prone restraints take place to facilitate the administration of intra-muscular medication.

A reduction in the number of prone restraints is part of the trust's Quality Priorities and is described in more detail in the section 3.1

#### Prone Restraints 2017/18



## Patient Environment

### PATIENT EXPERIENCE

The Patient Led Assessment of the Care Environment ( PLACE ) Team carried out assessments the patient environment on fourteen sites from February 27<sup>th</sup> – June 2<sup>nd</sup> 2017. No external validators accompanied the teams this year. The assessments spanned the merger of SEPT and NEP and are therefore presented separately.

The Trust Board of Directors have ultimate responsibility for ensuring health services are provided within clean, safe and fit for purpose environments appropriate for health care. The PLACE assessments support the Trusts compliance with Standards for Better Health.

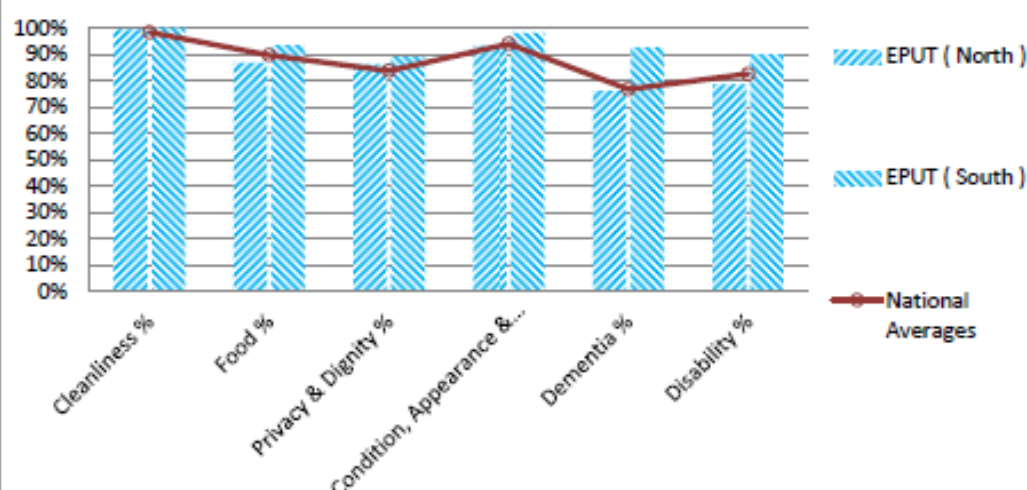
EPUT ( South ) ( formerly SEPT ) achieved above the national average in all categories. For Cleanliness we were +1.51%; Food 3.77%; Privacy, Dignity and Well-being 5.38%; for Maintenance 3.92%; Dementia 15.94% and Disability 7.51%.

EPUT ( North ) ( formerly NEPT ) achieved an increase in scores from 2016/2017 in most of the categories. Cleanliness +2.4%; Food +8.9%; Privacy, Dignity and Well-being +6.69%; Condition, Appearance and Maintenance +9.01%.

Although there are some areas of improvement and investment identified overall the results must be considered as an improvement on the previous year.

Scores	National Averages	EPUT ( North )	EPUT ( South )
Cleanliness %	98.38	99.33	99.89
Food %	89.68	86.68	93.45
Privacy & Dignity %	83.68	86.02	89.06
Condition, Appearance & Maintenance %	94	93.11	97.92
Dementia %	76.71	76.21	92.65
Disability %	82.56	78.52	90.07

**Patient Environment :  
PLACE scores**

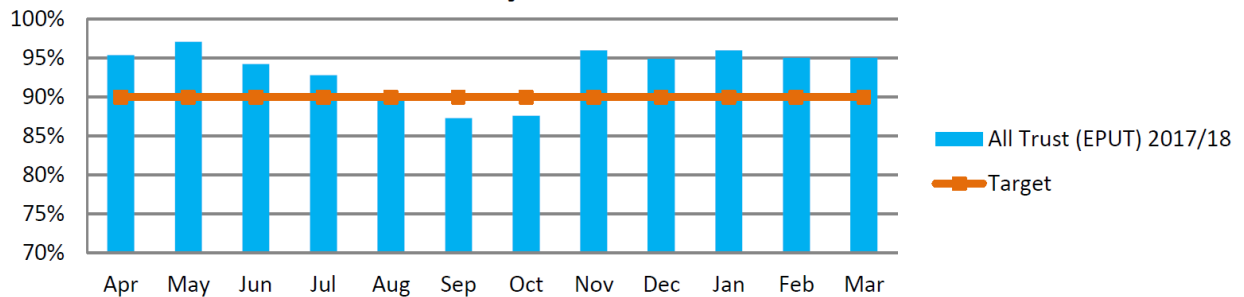


## Safer Staffing

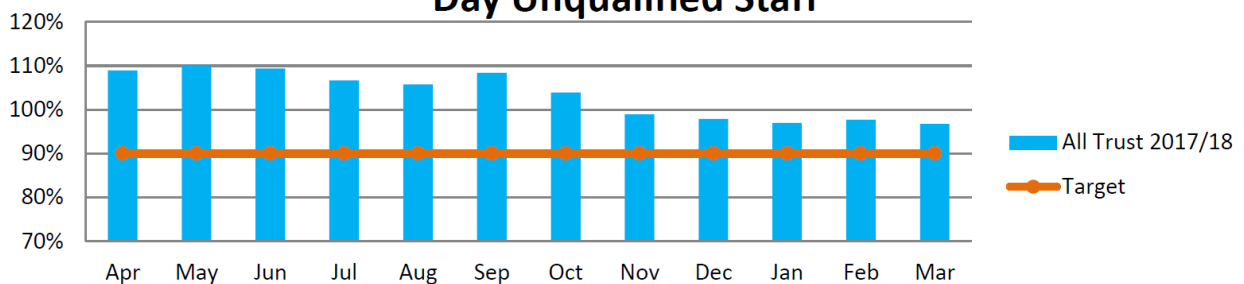
### PATIENT SAFETY

The Trust monitors the actual levels of staffing compared to the planned levels on a shift by shift basis across all its inpatient wards. Day Qualified staff failed to achieve the 90% target in September and October. Enhanced monitoring of Staffing Fill Rates has been introduced and compliance is monitored by ward on a monthly basis

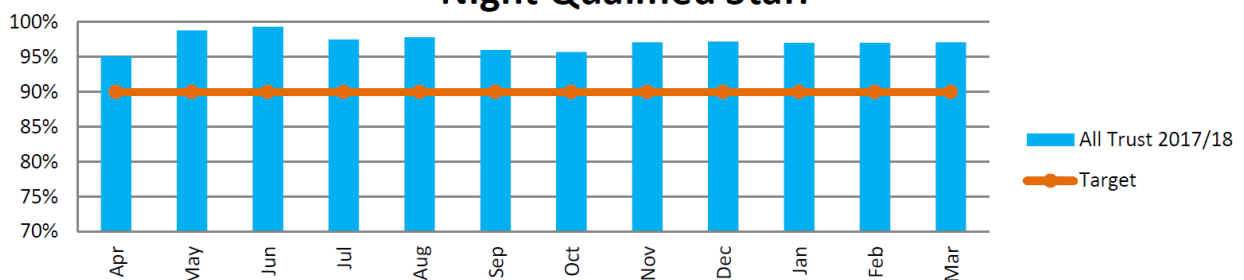
#### Day Qualified Staff



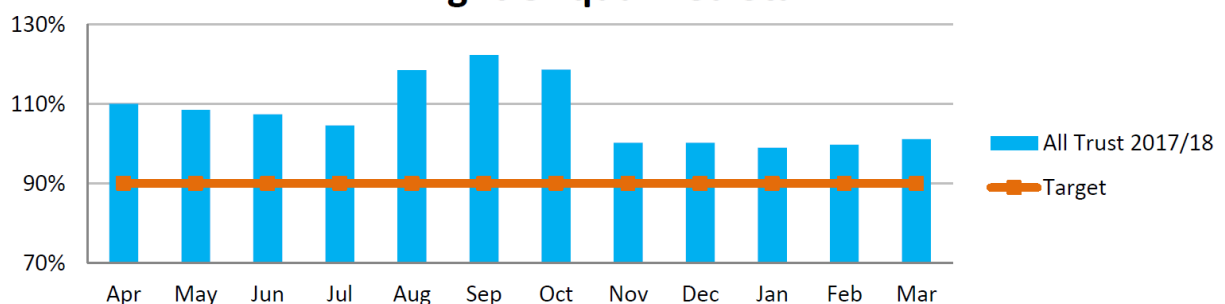
#### Day Unqualified Staff



#### Night Qualified Staff



#### Night Unqualified Staff



## Serious Incidents

### PATIENT SAFETY

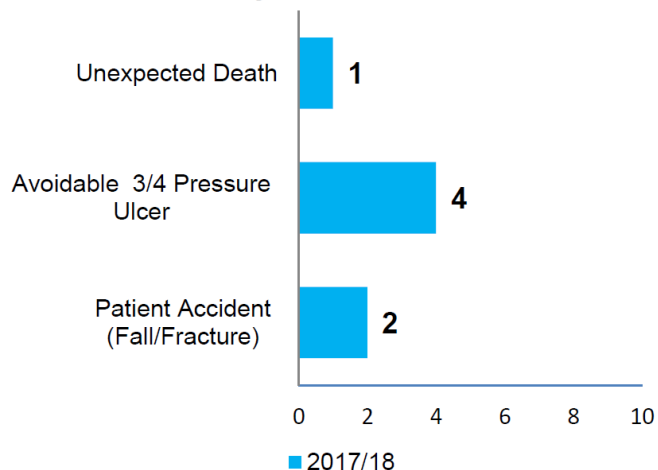
Monitoring of the number and nature of Serious Incidents, identification of learning and embedding learning back into clinical practice, is a key part of the Trust's patient safety systems.

The Trust reported 7 serious incidents in Community Health Services in 2017/18 compared to 16 during 2016/17. Two of these incidents were falls leading to fractures, a decrease (improvement) compared to 3 last year. The continued decrease in the number of Serious Incidents in the community is a major achievement for the Trust which has been made possible by the widespread implementation and adoption of the principles of our "Sign Up to Safety" campaign.

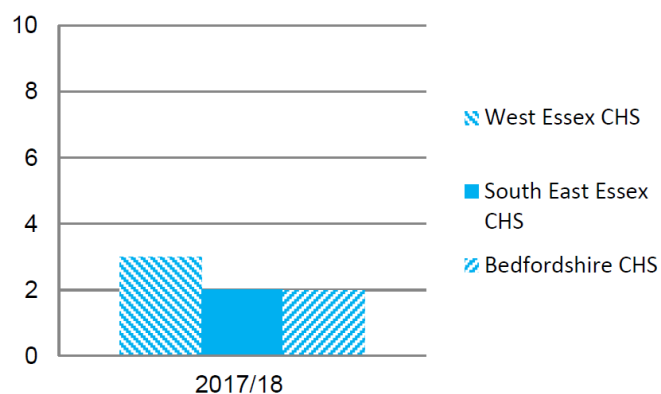
**Data source:** DATIX

**National definition applied:** EoE and Midlands definition applied

### Serious Incidents Occurring in Community Health Services



### Serious Incidents by Locality



## Serious Incidents

### PATIENT SAFETY

Monitoring of the number and nature of Serious Incidents, identification of learning and embedding learning back into clinical practice, is a key part of the Trust's patient safety.

The Trust reported 146 serious incidents (SIs) in Mental Health Services in 2017/18.

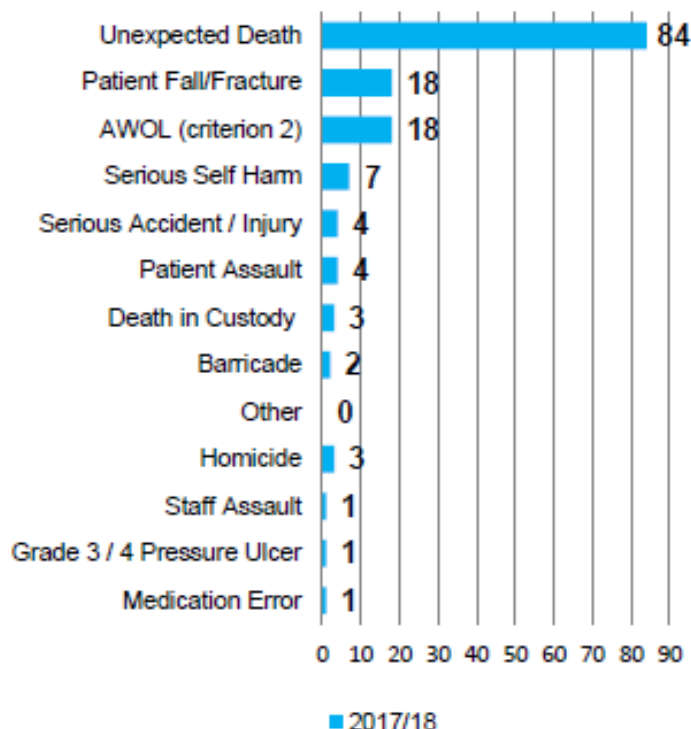
The most common type of serious incident is an unexpected death. The Trust has prioritised suicide reduction through its Sign Up To Safety campaign. A comprehensive forward looking action plan has been developed to deliver transformational change to how staff assess and plan for safety within services, supported by the plan to commission specific suicide prevention training for all staff, underpinned by a cultural review of the organisations' understanding and attitudes towards suicide prevention. Further details of suicide reduction can be found in the Quality priorities section of this report

The graph to the right shows that Patient Falls/fractures ( occur mainly on Older people inpatient wards ) and AWOLs ( Absconding from an inpatient ward ) are the two other most common form of serious incident.

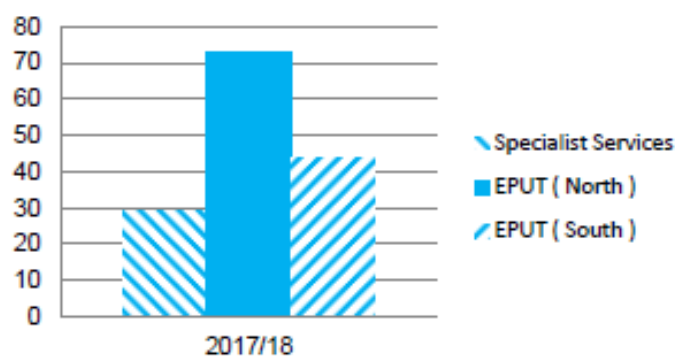
Data source: DATIX

National definition applied: EoE and Midlands definition applied

### Serious Incidents Occurring in Mental Health Services



### Serious Incidents by Locality





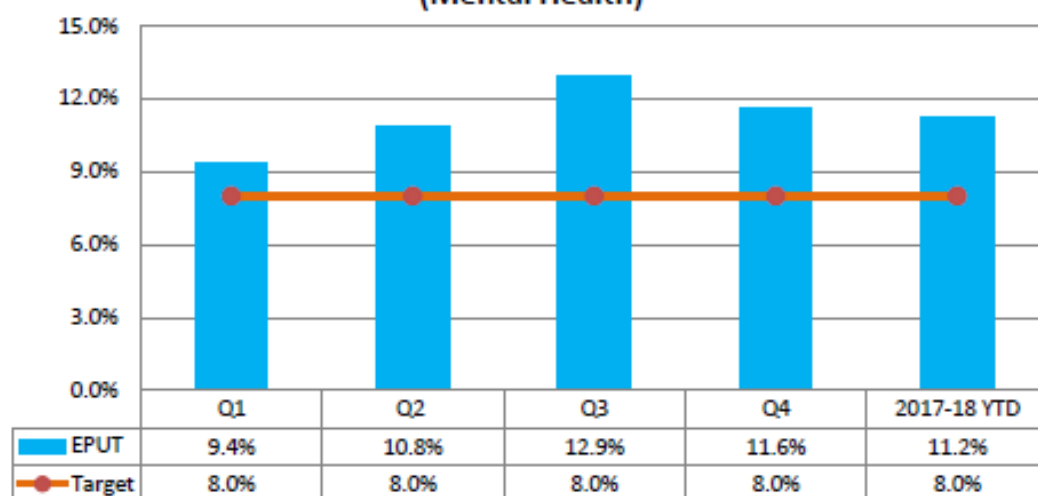
## Readmissions

### CLINICAL EFFECTIVENESS

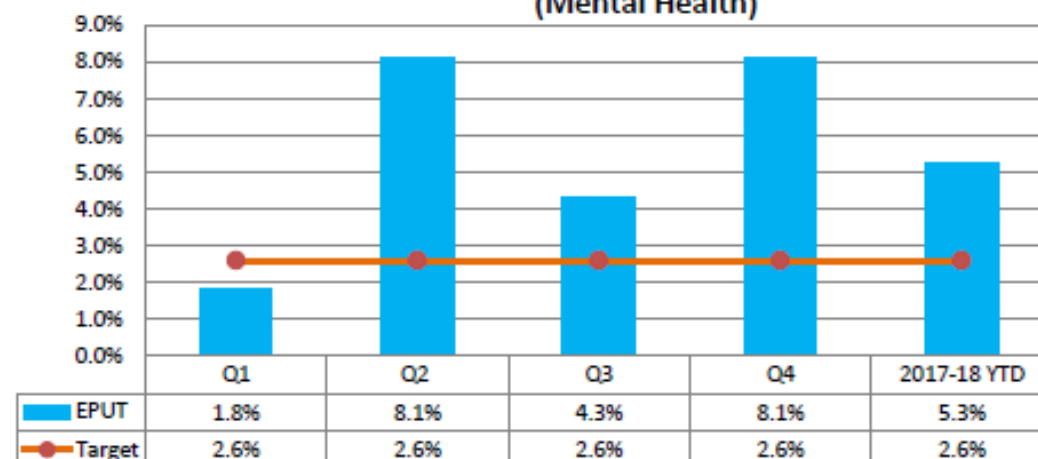
The target % of Adults Re-Admitted within 30 days has not been achieved during the course of 2017/18. This position has been advised to the Board of Directors and it is anticipated that changes brought in by the new clinical model i.e. the introduction of an Assessment unit will help reduce the number of readmissions. Elderly Re-admissions achieved the target in the first quarter, but have subsequently breached the target during 2017/18. The 2017/18 % for Elderly readmissions represents 30 readmissions out of a total of 571 discharges. This will be reviewed to understand the cause of the readmissions in this area.

In the graphs below, good performance is illustrated by levels of activity below the target line.

**Adult Patients Re-Admitted Within 30 Days  
(Mental Health)**



**Elderly Patients Re-Admitted Within 30 Days  
(Mental Health)**



Readmission rates have been used extensively to conduct national reviews into the effective delivery of health services as well as CQC cross-checking arrangements. The number of re-admissions, as well as the % re-admission rate are monitored regularly throughout the organisation. The targets for adult and older people re-admission rates are derived from the NHS Benchmarking project based on 2016/17 data (further information can be found at [www.nhsbenchmarking.nhs.uk](http://www.nhsbenchmarking.nhs.uk)).

Data source: EPUT Systems (IPM and Paris)

National definition applied: Yes

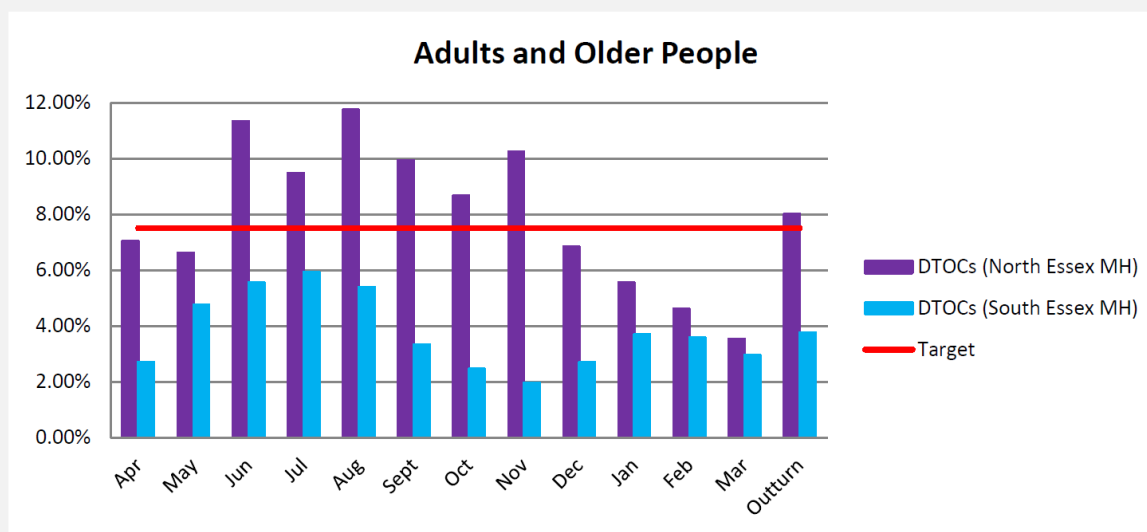


## Delayed Transfers Of Care

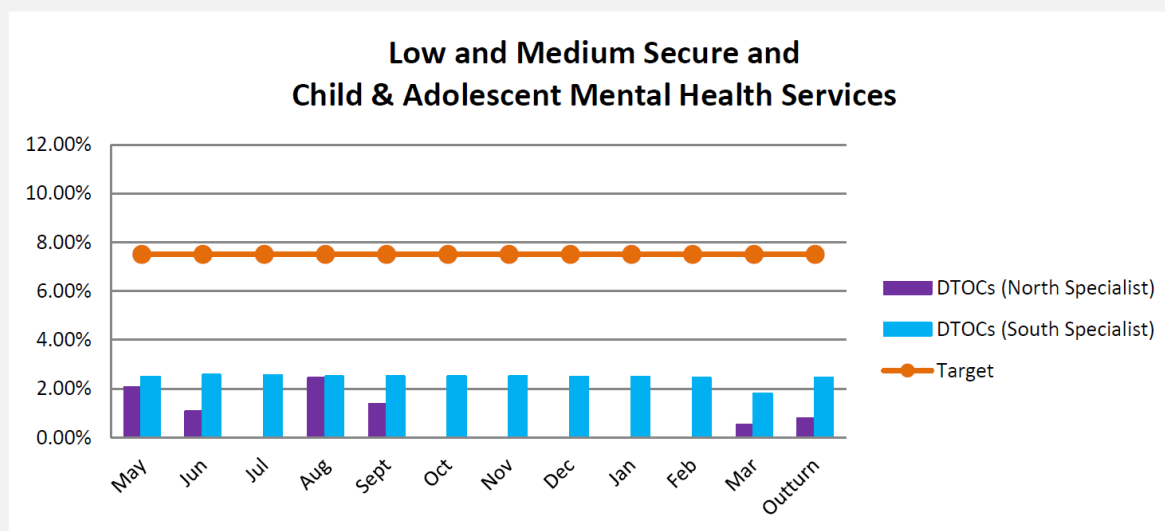
### CLINICAL EFFECTIVENESS

#### Delayed Transfers Of Care

The graph below shows that delayed transfers of care have exceeded the benchmark in North Essex for 6 months of 2017/18 in Adult and Older peoples wards. This is predominantly due to delays in discharging Older People. Weekly monitoring was introduced in December 2017 to focus on reducing these delays. The trust has introduced a process for verifying each delayed transfer of care and this has helped reduce the numbers reported. The Trust is working with NHS England to progress this work further.



The graph below shows that delayed transfers of care have remained below the benchmark of 7.5% in Specialist ( Child & Adolescent mental health Services, Low and Medium Secure units ) throughout 2017/18.

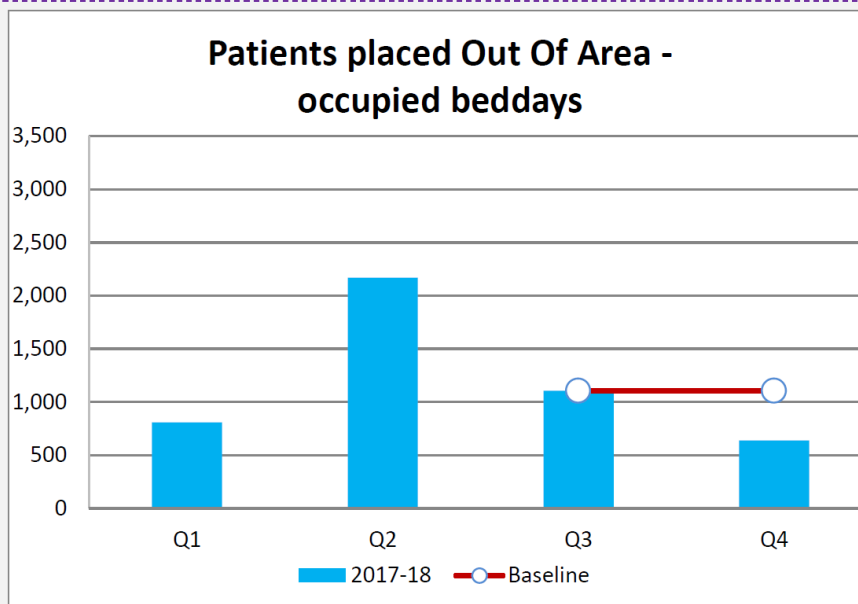


### Section 3.4: Performance against key national priorities

In this section we have provided an overview of performance in 2017/18 against key national targets relevant to EPUT's services contained in NHS Improvement's (NHSI) Single Oversight Framework (November 2017 update) in accordance with the national guidance issued by NHSI for Quality Reports in 2017/18. Data for two indicators, 'Patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient stay' and 'Admissions to acute wards gate kept by Crisis Resolution Home Treatment Team', have been reported in the mandatory indicator section (2.6) of this report. EPUT is pleased to report that, with the exceptions of one indicator, 'Cardio-metabolic Assessment' compliance has been achieved across all indicators reported below throughout 2017/18.

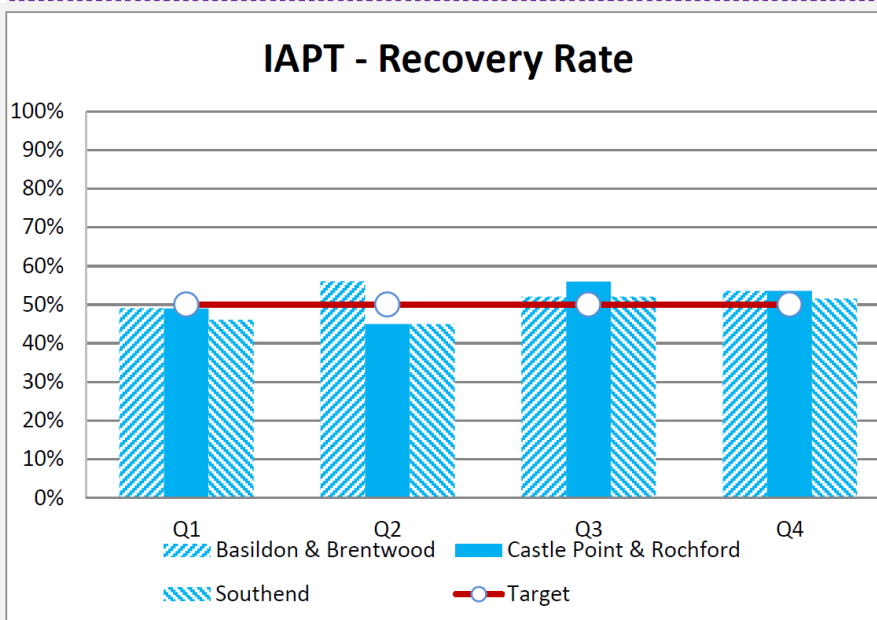
#### Out Of Area Placements

This indicator was introduced in the November 2017 update to NHS Improvement's Single Oversight Framework. The indicator measures the number of days that patients have spent in in-patient facilities out of area. This is being proactively addressed to ensure that there is a significant reduction in 2018/19.



#### Improving Access to Psychological Services: Recovery Rate

This indicator measures the percentage of patient discharged from IAPT services who have moved to recovery. The NHSI compliance threshold is 50%. IAPT services are commissioned from EPUT by 3 CCGs. The target was not achieved in Q1 in any of the CCG areas but performance has since improved. Q4 figures are local/provisional and will be updated by nationally published data during 2018/19.

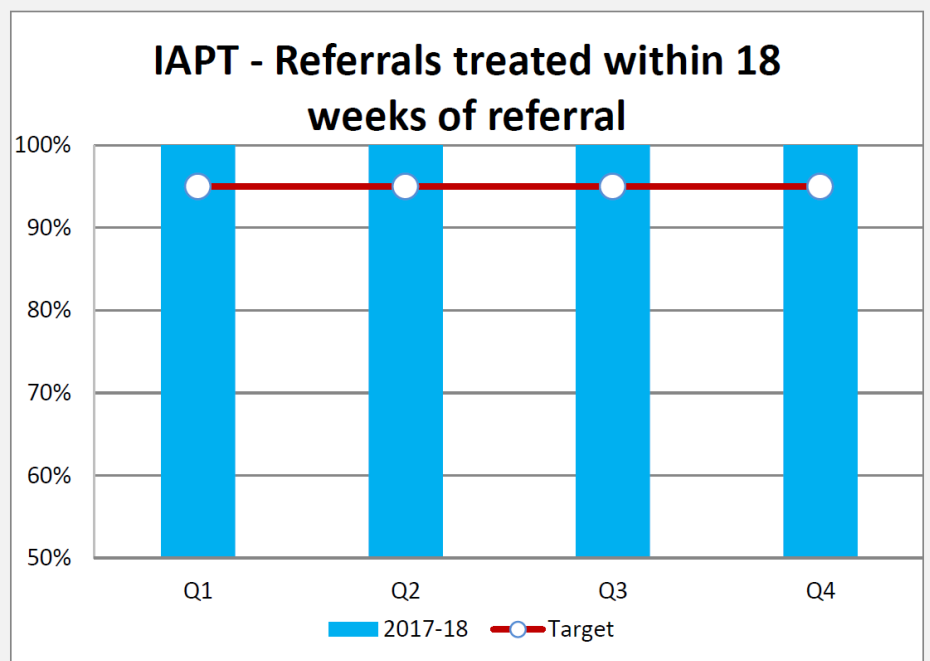
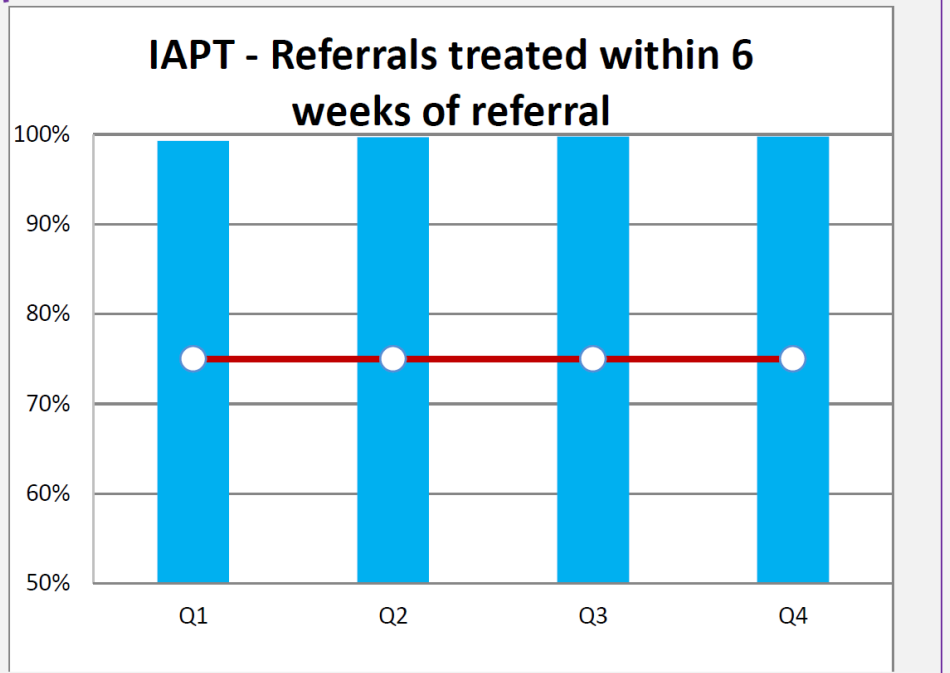


### Improving Access to Psychological Services: Referrals treated within 6 weeks and 18 weeks of referral

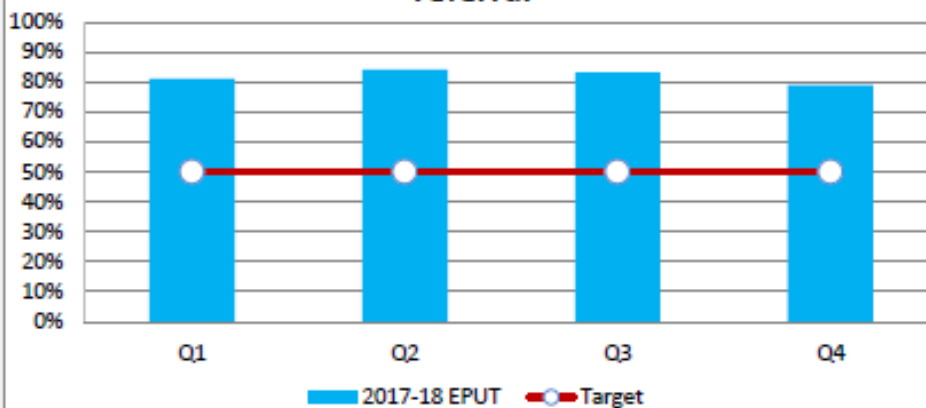
This indicator measures the percentage of referrals to IAPT services whose treatment commences within:

- a) 6 weeks
- b) 18 weeks

Compliance with both of these targets has been achieved consistently throughout 2017/18.



### EIS - referrals treated within 2 weeks of referral



### Early Intervention in Psychosis: Referrals treated within 2 weeks

This indicator measures the percentage of referrals for people with a first episode of psychosis who are treated within 2 weeks.

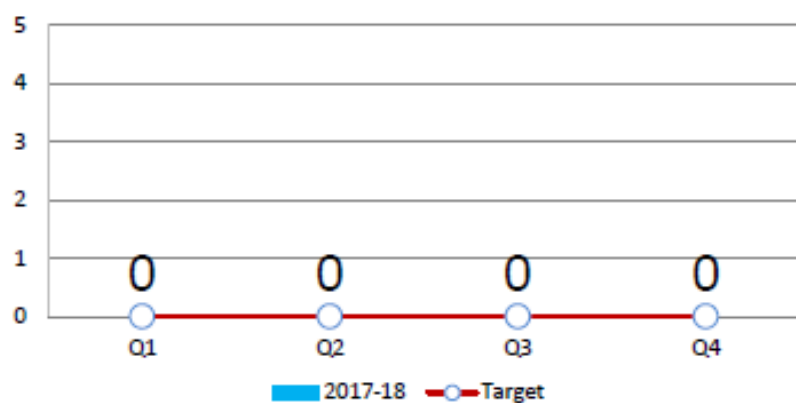
Compliance with this target has been achieved consistently throughout 2017/18.

### U16 admissions to Adult wards

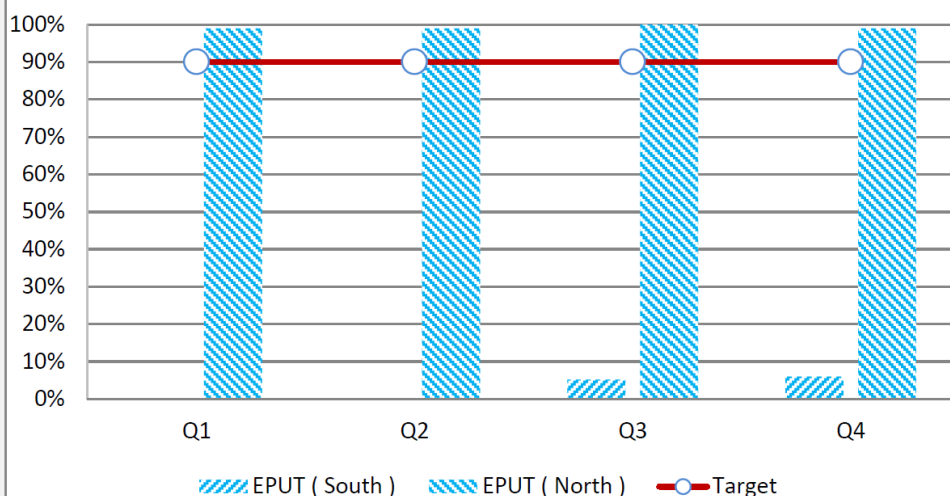
This indicator measures the number of admissions of patients aged less than 16 years old to adult mental health wards.

EPUT is pleased to report that no patients aged under 16 years old have been admitted to any of its adult wards.

### Under 16 years old - admissions to adult mental health wards



### Cardio-Metabolic Assessment - Inpatients



### Cardio-Metabolic Assessment

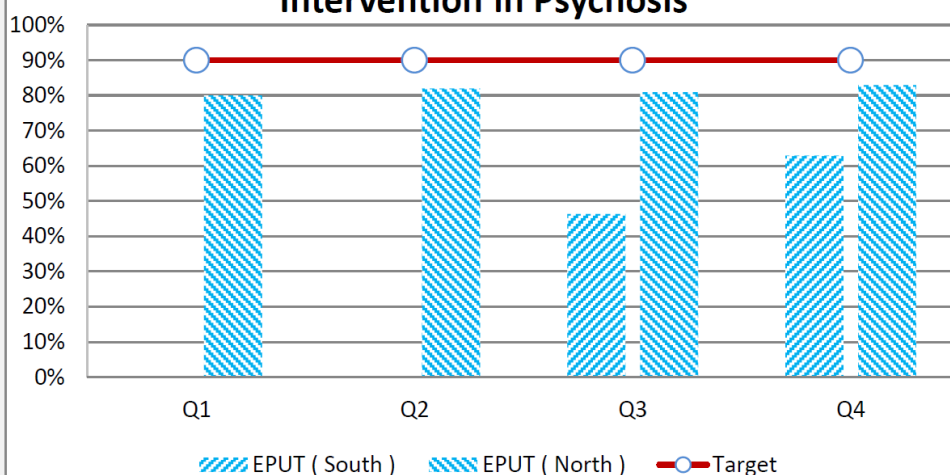
These indicators measure the percentage of adults with psychosis who have had a cardio-metabolic assessment, within 3 different settings:

- Inpatient wards
- Early Intervention in Psychosis Service
- Community services.

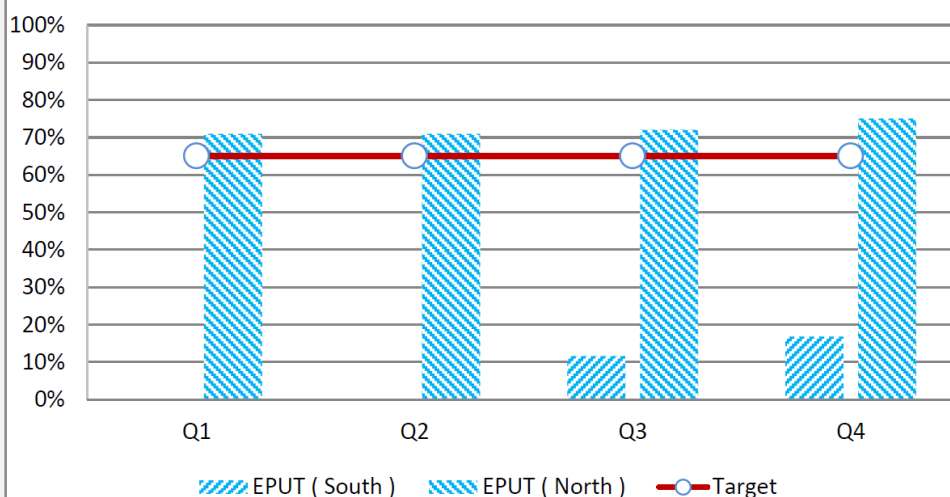
The Service Improvement Team is currently working with relevant internal and external stakeholders to ensure that EPUT is working towards achieving the target levels of performance.

Further details are available in section 3.1 Quality Priorities

### Cardio-Metabolic Assessment - Early Intervention in Psychosis



### Cardio-Metabolic Assessment - Community



### **Section 3.5: Listening to our patients and service users**

We believe that receiving and acting on feedback from our service users is crucial to maintain the high quality standards we have set ourselves and work continues to increase the feedback received. This section of our Quality Account outlines some of the ways in which we capture feedback from people who use our services together with some examples of changes we have made and outcomes resulting from that feedback.

#### **Patient Survey Feedback**

The Trust has in place a unified patient survey. This draws together the national NHS Friends and Family Test (FFT) and a further series of local questions around key areas we identified together with people who use our services. Surveys are sent to all patients who have recently been discharged, either from inpatient services or community caseloads as well as some patients who have chronic long term conditions to ensure they continue to receive a good service. Carers are also asked to complete the survey for those unable to fill it in themselves.

The Patient Experience Team provides team managers with regular reports which detail the results from the Surveys for their team. Managers review the content of these reports and discuss the feedback with their team or individual where appropriate, using it as an opportunity to reflect on practice and look for improvements. Managers are encouraged to use positive feedback to share and reinforce good practice, as well as encourage further participation in the survey.

Question	EPUT Scores 2018/19
To what extent did you feel you were listened to?	9.2
To what extent did you feel you understood what was said?	9.2
To what extent were staff kind and caring?	9.5
To what extent did you have confidence in staff?	9.4
To what extent were you treated with dignity and respect?	9.5
To what extent did you feel you were given enough information?	9.2
How happy were you with the timing of your appointments?	9.3
How would you rate the food?	7.6
To what extent would you say the ward/clinic was comfortable?	8.8
To what extent would you say the ward/clinic was clean?	9.2

A total of 7625 responses were received to the Survey in 2017/18. The results of the answers to the local questions are detailed in the table above (figures denote average score out of 10).

The lowest scoring area with an average of 7.6% is in relation to food. The Patient Experience Team and Facilities Team has attended Wards and Community Inpatient Meetings and completed food audits including food tasting, to better understand the reasons for the low scores in this area. The findings from the audit are being finalised and where appropriate actions will be taken forward by the Trust. Food audits will be undertaken again in the future.

As outlined in section 2.6 the Trust also participates in the National Community Mental Health Survey. The Community Mental Health Patient Survey 2017 was sent to patients who received treatment from the former Trusts in September to November 2016 to complete and return. Full details of the responses can be located in section 2.6.

## **Other Key Patient Experience Engagement Activities**

**Your Voice:** The aim of these events is to give service users, carers, members of the Trust and governors as well as the public a chance to speak directly to the Chief Executive about the services provided by EPUT. They are held across all localities, and include different presentations from teams relevant to the locality. The events also provide an opportunity to update everyone on the Trust's planning process. Feedback from these events is generally positive although attendance does vary considerably from locality to locality.

**Stakeholder Forums:** The purpose of these forums is to provide the opportunity for service users, carers and staff to discuss services in their area and share feedback with the Trust. Forums are chaired by an associate locality director who is supported by operational staff. These have been well received and in 2017/18, and the Trust will be extending these to other localities in which we provide services. Some smaller forums were also held more as discussion groups, which included patients, carers and local voluntary organisations.

**Service User/Carer Involvement:** One of the Trust's priorities is to involve service users and carers more to play a meaningful role not only in current services but also the future of Trust services. A service user and carer reference group was set up to discuss the merger and begin co-production work on the clinical model for the new Trust. This has continued throughout 2017/18 with the Group coming together regularly to be updated on developments. Many of the attendees have been involved in smaller working groups looking at specific service areas of the new model. At the Stakeholder Reference Group they then have the opportunity to feedback to others on the progress of that work stream. Service users and carers have also worked with the Trust to harmonise EPUT's Volunteers Policy and Procedure post-merger which has now been ratified.

**Training:** The Trust has worked to lengthen the Patient Experience portion of the EPUT Staff Induction, and changed the focus of these sessions. We now have both a carer and service user share their lived experiences for a larger part of the session. This has been received positively by both attendees and volunteers. Service users give talks at the mental health first aid training, and service users and carers take part in some clinical staff interview panels.

## **Examples of actions we have taken/outcomes from service user feedback we have received**

The following are just a few examples of actions we have taken/outcomes that have been achieved as a result of listening to feedback from our patients, service users and carers over the past year.

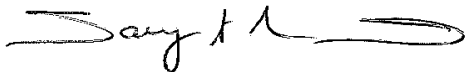
- Service user involvement in staff training giving the lived experience viewpoint through our Trust Induction and Buddy scheme.
- Varying the number and location of local forums in response to those who were either experiencing difficulties to attend or who had not been engaged with before.
- Implementing new activities supplementary to their therapeutic interventions on our wards.
- Adapting general areas used by patients and carers (such as waiting areas) to make them more comfortable.



## CLOSING STATEMENT FROM SALLY MORRIS, CHIEF EXECUTIVE

I am proud to present our quality account for 2017/2018 in our first year as EPUT. I am grateful to you for taking the time to read this report and I hope it has been presented in a clear and useful way for you.

Next year will be an exciting time for the Trust as we consolidate our work during our inaugural year and start to reach towards our quality goal for the coming year and beyond. I hope you would like to join us on this journey and look forward to meeting many of you at our public meetings and other events throughout the year.



**Sally Morris**  
**Chief Executive**

If you have any questions or comments about this Quality Account or about any service provided by EPUT please contact:

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The Lodge  
Lodge Approach  
Runwell  
Wickford  
Essex SS11 7XX

Email: [faye.swanson@eput.nhs.uk](mailto:faye.swanson@eput.nhs.uk)

## **ANNEXE 1 – Comments on the Quality Report / Account**

### **To be updated in due course**

We sent the SEPT Quality Report/Account to various external partners to seek their views on the content of the report. The responses received are outlined below for information – we thank them for taking the time to consider the information and for providing their comments.

**Bedfordshire Clinical Commissioning Group –**

**South Essex Clinical Commissioning Groups (Basildon & Brentwood, Castle Point & Rochford, Southend-on-Sea and Thurrock) –**

**West Essex Clinical Commissioning Group –**

**Bedford Borough Council Adult Services and Health Overview and Scrutiny Committee –**

**Central Bedfordshire Social Care Health and Housing Overview and Scrutiny Committee –**

**Essex County Council Health Overview and Scrutiny Committee –**

**Southend Borough Council People Scrutiny Committee –**

**Thurrock Council Health Overview and Scrutiny Committee –**

**Healthwatch Bedford Borough –**

**EPUT Council of Governors' Statement on the Quality Report 2017/18 (prepared by Lead Governor of EPUT) –**

**Healthwatch Essex –**

## ANNEXE 2 - Statement of Directors' Responsibilities for the Quality Report / Account

*To be updated in due course*

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2017 to May 2018
  - papers relating to quality reported to the board over the period April 2017 to May 2018
  - feedback from commissioners received on May 2018
  - feedback from governors received May 2018
  - feedback from local Healthwatch organisations received May 2018
  - feedback from Overview and Scrutiny Committees received May 2018
  - the Trust's complaints report (*appertaining to 2017/18*) published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated May 2018 and presented to the Board of Directors in May 2018
  - the 2017 national patient survey published on
  - the 2017 national staff survey published on
  - the Head of Internal Audit's annual opinion over the trust's control environment dated May 2018
  - CQC inspection report dated
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

Date: *Insert signature and date as per the Annual Report* (Chairman of the Board of Directors, EPUT)

Date: *Insert signature and date as per the Annual Report* (Chief Executive of the Board of Directors, EPUT)

**ANNEXE 3 - Independent Auditor's Report to the Council of Governors on the Annual Quality Report**

**To be updated in due course**

**Limited assurance report on the content of the quality reports and mandated performance indicators**

GLOSSARY	
<b>CAMHS</b>	Child and Adolescent Mental Health Service
<b>CIPs</b>	Cost Improvement and Income Generation Plan
<b>CCG</b>	Clinical Commissioning Group
<b>CHS</b>	Community Health Services
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>CPA</b>	Care Programme Approach
<b>CQC</b>	Care Quality Commission
<b>CRHT</b>	Crisis Resolution Home Treatment
<b>CQUIN</b>	Commissioning for Quality and Innovation
<b>DoH</b>	Department of Health
<b>DTOC</b>	Delayed Transfer of Care
<b>DVT</b>	Deep Vein Thrombosis
<b>EIS</b>	Early Intervention Service
<b>EPUT</b>	Essex Partnership University NHS Foundation Trust
<b>FEP</b>	First Episode of Psychosis
<b>FT</b>	Foundation Trust
<b>GP</b>	General Practitioner
<b>HOSC</b>	Health Overview and Scrutiny Committee
<b>HRA</b>	Health Research Authority
<b>IAPT</b>	Improved Access to Psychological Therapies
<b>IT</b>	Information Technology
<b>KLOE</b>	Key Lines of Enquiry
<b>KPI</b>	Key Performance Indicator
<b>LD</b>	Learning Disabilities
<b>LTC</b>	Long Term Condition
<b>MDT</b>	Multi-Disciplinary Team
<b>MEWS</b>	Modified Early Warning System
<b>MHS</b>	Mental Health Services
<b>MHRA</b>	Medicines and Healthcare Products Regulatory Agency
<b>MHU</b>	Mental Health Unit
<b>MRSA</b>	Type of bacterial infection that is resistant to a number of widely used antibiotics
<b>MSK</b>	Musculoskeletal
<b>NCAPOP</b>	National Clinical Audit Patient Outcome Programme
<b>NCB</b>	National NHS Commissioning Board
<b>NEP</b>	North Essex Partnership NHS Foundation Trust
<b>NHS</b>	National Health Service
<b>NICE</b>	National Institute for Clinical Excellence
<b>NIHR</b>	National Institute for Health Research
<b>NHSI</b>	NHS Improvement (previously Monitor), the health sector regulator
<b>NPSA</b>	National Patient Safety Agency
<b>NRLS</b>	National Reporting and Learning System
<b>NRES</b>	National Research Ethics Service
<b>PICU</b>	Psychiatric Intensive Care Unit
<b>POMH UK</b>	Prescribing Observatory for Mental Health UK
<b>QIPP</b>	Quality Innovation Productivity and Prevention
<b>RCA</b>	Root Cause Analysis
<b>REC</b>	Research Ethics Committee
<b>SEPT</b>	South Essex Partnership University NHS Foundation Trust
<b>SI</b>	Serious Incident
<b>SUTS</b>	Sign Up To Safety national campaign
<b>UTI</b>	Urinary Tract Infection
<b>VTE</b>	Venous Thromboembolism – blood clots